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THE Public Health Nurse Quarterly

A Magazine published in the interest of Visiting Nursing, and dealing with the many phases of the Nurse's work in the Districts, in the Anti-Tuberculosis Crusade, in the fight against Infant Mortality, and in other Social and Medical Activities.

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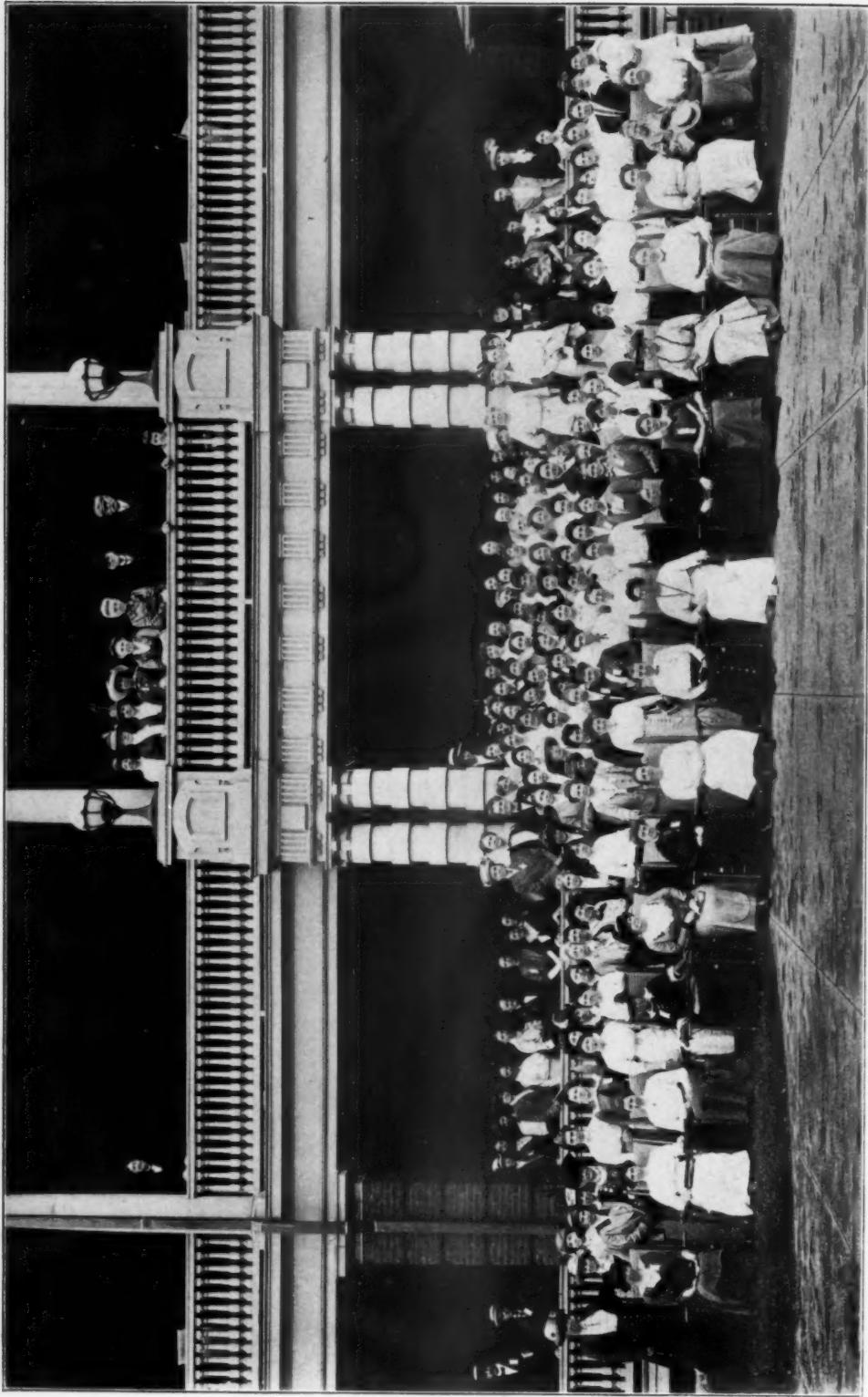
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Editorials

I

The Atlantic City Meeting

From all those who were fortunate enough to be present at the meeting of the National Organization for Public Health Nursing held recently in Atlantic City there comes the same contagious spirit of energy and high hope for the future of a movement which is already so successfully welding together the different elements and factors in Public Health Nursing. We can do no better than to quote freely from the remarks made by Miss Wald at the opening session of this meeting. She says in part:

“Few organizations, particularly few national organizations, start because of a very obvious need for them. Many organizations are stimulated into life by the hope

that interest and public sentiment may be promoted and propaganda spread by means of them. But throughout the United States there have been indications for some years that a central expert bureau was needed, to which people seeking guidance and information on nursing matters might come to have their wants supplied and their inquiries carefully answered. The psychological moment had been almost too long delayed; it had become the psychological hour, and it would have been remiss on the part of the nurses and the associations who have already plowed the field, if they had remained indifferent to the eager cries for help that were heard in all directions from those with little or no experience.

"Since this organization was formed about a year ago, as was natural, much time has been consumed in organizing and determining upon the details of administration. During this session reports will be read to the members assembled, and to those others who are interested in the promotion of public health nursing, submitting to you the work of the several committees entrusted with furthering the interests of this association. You will have statistical data on membership, on finances, on the Quarterly. You will be asked to speak frankly and fearlessly on measures that are near your hearts, always remembering that single interests should be sacrificed if they conflict with the large purpose. We are part of a great movement, which I think may well be called a religious movement, since it has been established to enhance the value of human life through care by the most efficient, most developed ministrations of the trained nurse, and to dignify her relationship with the patients by placing the service on the most proficient basis.

"We want open discussion as to how standards may be established and maintained; we want the benefit of the point of view of the neophyte, the impressions that come to the freshly awakened mind; we also want to

have the advantage of the maturity of the experienced. We want to help in all practical ways to secure the best returns from their investment for those who give service or money, whether in nursing itself, or as associations formed for the purpose of serving the community. We also want to be sure that when we discuss methods and standards we cherish and cling to our ideals, that we may demonstrate, as men and women have demonstrated before, that spiritualizing a service in no degree makes it impracticable, but, on the other hand, brings that moral zeal, without which humanitarian work is dead.

We ought not to begin the business of our convention without recording our appreciation of the fine fellowship that has been accorded us. We want to give recognition to the devotion of our Secretary; the intelligent interest of the Finance Committee; the remarkably good work of those responsible for the Quarterly; the support that has come again to nurses from Mr. Jenkins, already identified with efforts for public health work. We want to compliment those centers where interest in the Association and its purposes has brought large membership and generous contributions. We want to stimulate less successful centers to competition with the others. We want to express our gratification that the Red Cross Society has established means by which rural nursing, for the first time in the history of our country, may be correlated and standardized, and our gratitude for the assistance from the many individuals who have shown by their interest that this is already a vital organization.

This body of nurses, we must remember, is primarily designed to work in the homes of the people, and the approach to them must often be taught in order that sympathy and understanding may light the way for the nurse, that the latent quality of sympathy may be brought out through understanding of social conditions and of the need of help in the most basic institution on

earth, the home and the family. We cannot properly send nurses into the homes unless they comprehend the economic problems and the social needs of the people whom they serve. Contact with the immigrant and with those others, whether in cities or in remote rural regions, whom the nurse visits should be made understandingly. There is a technique in visiting nursing and all phases of public health work which we are comprehending is essential for the utmost development of the worker, and which has a wide range, from psychology to the best card cataloguing.

"Within the last decade the municipalities have shown a readiness to employ the nurse for the health preservation of their citizens, for instruction and supervision. Complications have sometimes arisen, as in the case of one community where the supervisors of the poor felt the superiority of the work of the rural nurse to that of the county sanitarium. Both are needed. It is important only to record at this first convention of public health nursing some indication of the public sentiment for the nurse in this official capacity.

"We like best to feel that visiting nursing is no longer associated in the mind of the intelligent public with only the pauper. It has emerged as a service for those who are sick in their homes and who are not to be classed with those entirely dependent on bounty, but whose incomes do not permit the engagement at full pay of the private nurse, or, for that matter, whose incomes do not permit the payment of the full cost of the bed in the hospital. It has been estimated that 90 per cent of sick people are sick at home, and the visiting nurse associations have been for some years eager to identify their service with all classes of people who are sick at home, excepting those with incomes ample enough to engage the private nurse. It is said that less than 20 per cent of the people in the United States have incomes of more than \$1,000. The margin for sickness is neces-

sarily too small to enable them to have complete care without resource to subsidized hospitals or subsidized nursing service.

"Because of the insufficient incomes of a large percentage of families where there is sickness, it is inevitable that means must be devised for giving them nursing care without injury to individual independence. Perhaps the only possible method for obtaining this is taxation. Meanwhile it is a matter for congratulation that an insurance company is fortunate enough to have among its directors and administrative officers a socially trained man, and that Dr. Frankel was prepared by experience and training and temperament to recognize the value of insuring people for nursing. It will probably be a long time before America responds to the social pressure for any form of state insurance that will include nursing for the sick. Until such time, people of very small or of moderate means can be cared for without any impairment of their dignity through their insurance, and perhaps in this way receive it.

"It gives me great pleasure to have Dr. Frankel with us at this convention, for through his company he has made it possible for enormously large numbers of people to be nursed because they were policyholders. Apart from the social contribution that he is making by this valuable experiment, he has been responsible for educating thousands of policyholders to the use of the nurse."

It is quite needless for us to comment upon Miss Wald's introductory remarks, which in themselves give proof of that fine appreciation of values which so justly fitted her to be the first president of an organization which has awakened to the consciousness that when justice is completely done there is little need for charity.

If charity seeks to heal the cruel wounds inflicted upon society through ignorance, heedlessness or greed, justice is ever on the alert to parry the thrust which inflicts the wound. We feel that Miss Wald sees the

vision of something brighter, stronger and more eagerly alive than charity, which so often is betrayed into an implicit acceptance of the wrong done while trying to soften and mitigate its effect upon those affected by it.

Again we congratulate the National Organization upon their choice as first president of one who having seen the brighter vision has followed it fearlessly.

II

Our Executive Secretary

How many of us really know or realize what our Executive Secretary, Miss Crandall, has meant to this Organization in this first year of its existence? Only those who have come within the radius of her personality can understand her capacity for giving tirelessly, unflaggingly of herself, not for an eight-hour day but for the long day which takes from the early morning and late evening treasures of unrecorded time which only that invisible recording angel, which we all believe in as seated somewhere in the midst of this bright firmament, will ever commit to any kind of a ledger.

Besides this over-gift of time those who know our Secretary will feel that her quickness of understanding, warm human sympathy and an ability to see impartially the equal claims of all associations makes her very truly the one to resolve differences into accord, and unrelated parts into the harmony of a national whole whose spirit shall transcend and preserve the letter which embodies it. We congratulate the National Organization that it has been able to retain a service so fitted to the pressing needs of its first and difficult years.

III

A Meeting of Directors

A most interesting feature of the Congress was a meeting of the different lay directors of visiting nurse

boards who had come from many different parts of the country to attend the Atlantic City meeting. They sat in earnest session for several hours discussing the problems which are common to all boards and all associations. They had come from the far West, the South, the Middle West and from neighboring states and showed themselves as intensely interested in the Congress as the nurses themselves. Minutes of this directors' meeting were kept by Mrs. Codman of Boston, and will be preserved as a valuable record of opinion on many important matters.

IV

The Youngest of the Liberal Professions

Even though we so willed we could not close our Editorial Comment on those whose personality has influenced the formation and character of this National Organization without a word as to that rare personality who is at the head of the Department of Nursing and Health of Teachers' College, Columbia University, New York. Working as it were in a laboratory Miss Nutting is seeking to endow the principles and procedures of nursing with the permanency and integrity which will make of them a science. Without this body of science the art of nursing in the field would have no central point from which to derive its strength or to which to carry its treasures. In the building up of a liberal profession the art of doing must ever be re-inforced and recast into the changing yet constant terms of progress.

V

The Directors of the Organization for Public Health Nursing and the Incoming President

We know how gladly Miss Gardner will share with her fellow members on the Board of Directors our appreciation of her work and their work in connection with

this young and vigorous organization. Miss Gardner's digest of the initial meeting in Chicago and her subsequent articles in the Quarterly have served as very valuable material for reference and together with her record as a superintendent prove to us that the National Organization for Public Health Nursing, if young as a body, yet is fortunate in possessing the judgment and experience of members who have sat in many deliberative councils, and know how to choose wisely and well such officers as will best serve its needs. Therefore we close with a heartfelt expression of thanks to the directors of the National Organization for Public Health Nursing and their incoming President, Miss Gardner.

The First Annual Meeting of the National Organization for Public Health Nursing

FLORENCE PATTERSON.

The writer fully realizes the futility of attempting to convey, in any adequate way, the full significance of the first meeting of our National Organization for Public Health Nursing. The meetings from the opening session to the end of the program were characterized by that fine enthusiasm and almost religious fervor such as is experienced only in great social reform movements of universal importance.

Even though the minutes of the meetings, and a verbatim report of each of the various papers, could reach each reader, he would still have but a slight conception of what actually transpired at this congress of public spirited women.

That subtle, intangible, but most potent *something* which permeated the whole atmosphere, charged every one present with strong emotion and a deep inspiration for service in the great forward movement of our generation. When one attempts, by psychological analysis, to find the stimulus of these quite unique sensations, one finds oneself in a maze. The key to this maze possibly may be found in the appellation "husky infant" which Miss Wald so aptly uses in referring to our new organization. It may be the first consciousness of an ego, the buoyancy and hopefulness of youth, with growing consciousness of power and unrestricted energy, which distinguished every discussion. Those of us who have been sturdy soldiers, obeying, but seeking not the reason for the command, were awoken to a newer and a loftier ideal of the work which lies in our hands.

While we were there in amazingly large numbers, the number in itself conveys no real meaning—The unity

of purpose and the fine pride in each other, has welded us into a mighty and a potent band of workers.

To Miss Wald, our presiding officer, of course, much of the constant enthusiasm and inspiration was due, but Miss Wald has been eulogized so frequently and so warmly that nothing remains unsaid. However, we all realize what it has meant to have had her wise maternal care during the precarious first year of life, and it is with great pride and confidence that we still claim her as our honorary president.

Miss Crandall, to whose untiring efforts, our success in the main, is due, must have felt no lack of appreciation of her exceptional work, which has covered less than one year. In some marvelous way, during the stress and strain of the week, she seemed always accessible and eager to advise and spend herself even for the least of us. If, contrary to the teachings and to the traditions of our revered training schools, we believe, with George Meredith, that "praise is our fructifying sun," then these meetings shall have placed Miss Crandall upon the very summit of usefulness. Her systematic, concise and exhaustive report may well be carefully studied by those who would know of the work done by the organization during its first year of life.

The addresses were of such uniform excellence and of such absorbing interest that we wish it were possible for all to reach our readers.

At the first session Dr. Lee K. Frankel, one of the vice presidents of the Metropolitan Life Insurance Co., presented a most interesting account of their affiliation with the visiting nurse associations. He plead for a truer and keener sense of the meaning of a democracy, and urged that even nursing care should be considered supplementary wages, a matter of justice and not of philanthropy. The fact that the Metropolitan Life Insurance Co. paid out over half a million dollars last year for nursing service, is a tribute to the value of the nurse in preventive work. They have done this not only

through their humanitarian interest, but also because they believe it to be an economically sound investment. Dr. Frankel believes that the ideal state, for every visiting nurse association, is to be self-supporting, being subsidized, when necessary in individual cases, by relief agencies.

The afternoon session was given to the consideration of the immigrant and to especial aspects of the immigrant problem which the nurse faces. Every nurse present, we feel sure, was convinced that she needs to know more of the background and of the social psychology of our foreign friends in order to do effective work. The emotional Italian, the idealistic Jew, and the stolid Slav must be reached by different paths.

Miss Kittridge, chairman of the N. Y. School Lunch Committee, showed clearly the necessity for nurses to know more intimately the peculiarities of diet among the different nationalities. The swinging of the pendulum of the so-called "School Lunch Problem" has made many oscillations, the latest seems to be away from the extreme. In Miss Kittridge's opinion, the school lunch does increase mental efficiency and improve the physical condition of those children suffering from mild cases of malnutrition. In those families below the line of economic independence, the problem is too complex to be solved or even alleviated by the school lunch.

The Tuesday morning session was given to the discussion of the business management of visiting nurse associations. Mr. E. H. Routzahn, associate director of the Department of Surveys and Exhibits of the Russell Sage Foundation, urged visiting nurses to detach themselves from their work, as well as from their uniforms, at every opportunity in order to get a broader perspective. The viewpoint of the public should be sought systematically, persistently and carefully. Every public meeting should be studied in its relation to every other organization. He emphasized the advantages in avoid-

ing over specialization and in striving for definite co-operation with all private and municipal agencies. The real business of a visiting nurse association is, he feels, to take the initiative, do the experimental work, and as soon as possible turn the work over to public forces. He urged greater efficiency in administrative work and particularly in records, by substituting, wherever possible, clerical assistance and volunteer workers for the nurses' work. The visiting nurse should not think of herself as a missionary, or as a different creature, but as a woman with all the interests of a woman.

Dr. John Lowman, of Cleveland, discussed the personnel of boards of directors and emphasized the necessity for the board being of a diversified character. The board should have some members who represent social position and wealth even if they are mere figure-heads. The necessity for this type of member is apparent, these qualities being as much an asset as the superior knowledge of the other members. Dr. Lowman divides the working members of the board into three classes; the occasional worker with special duties, the professional worker and the volunteer worker, the latter being the backbone and the essential element in any philanthropic enterprise dependent upon the public for support.

Miss Mary Gardner, who has done such splendid work in Providence, spoke of the duties of the executive officer, and especially of her duties to the board of managers. The superintendent may often overestimate her own value and underestimate the interest of the board; or, on the other hand, she may be a mere servant of the board. She has the vital responsibility of making known to her nurses, the point of view of the board; and to the board the point of view of the nurses.

Tuesday evening there were five sectional meetings considering Visiting Nursing, School Nursing and Infant Welfare, Tuberculosis, Hospital Social Service and Industrial Welfare Work, and Rural Nursing. It seemed

rather unfortunate that so much good material should have been crowded into one evening. The task of deciding which could be omitted from one's program was difficult.

The section on Hospital Social Service and Industrial Welfare Work seemed to have drawn the largest numbers, and was conceded to have been one of the most interesting meetings. Miss Eva Anderson, of the Chicago Visiting Nurse Association, who has charge of the welfare work in the Illinois Steel Plant, presented a very enthusiastic report of her work. She considers industrial welfare work as a much needed connecting link between the employer and his employees. One of the first essentials for the nurse is a thorough knowledge of her particular industrial plant, not only of the working conditions but the way the work is actually done. Employers are found to be quite as human as their employees, and very much interested in the welfare, not only of the employees, but in their families as well. On the other hand the interest of "the boss" means a great deal to the workman.

Miss Mary J. Deaver's paper on the "Visiting Nurse as a Hotel Welfare Worker" was of unusual interest because of the unique character of this work. Her work at the Hotel Astor in New York is the pioneer movement for better working conditions for hotel employees. As this hotel has sixteen hundred employees the field, for obvious reasons, is a large one. In the emergency hospital which was installed, Miss Deaver has a rapidly increasing number of calls for advice and assistance. Probably her best efforts have been in securing better sleeping rooms, and rest and recreation rooms. The problem of food has been solved after great difficulty.

Miss Ida Cannon contributed some valuable suggestions in the way of cultivating a social conscience, all institutional workers being prone to take things for granted and to fall into routine work.

The section on the Development and Present Status

of Rural Nursing, was most enthusiastic. Miss Fannie Clement, who is in active charge of rural nursing service of the American National Red Cross, showed how much more rapidly our nursing facilities have developed in our cities than in the farming districts. The plan of work for this new department of Red Cross work was outlined by Miss Clement. The determination to maintain a uniformly high standard of nursing for rural districts gives the work a popular appeal to all nurses with ideals. The whole subject of rural nursing seemed to be absorbing to every nurse interested in any form of public health work.

At the business meeting on Wednesday morning the following officers were elected: Miss Mary Gardner, president; Miss Edna Foley, vice president; Miss Elizabeth Stringer, secretary.

A unanimous request was voted to be sent to the Carnegie Foundation to undertake an investigation of the standards of Training Schools. Resolutions of appreciation were adopted and to be sent to Mrs. Ireland, chairman of the Finance Committee; to Miss Brainard and to Mrs. Lowman, our editors; and also to Mrs. Jenkins, to whom we are once more indebted for the endowment of a new professorship in the Nursing and Health Department at Teachers' College. The appreciation of Mrs. Jenkins' latest generosity was made much keener, by the announcement that Miss Annie Goodrich has been appointed to fill the new position. Mrs. Jenkins was made an honorary member of our association.

A committee is to be appointed to investigate the problems of Infant Mortality, Midwifery and the Prevention of Blindness.

The formal program of the National Organization for Public Health Nursing closed with a dinner at the Grand Atlantic Hotel Wednesday evening, with over four hundred present.

Many of the most comprehensive papers and addresses remain unmentioned, but they have left lasting

impressions with all those who were fortunate enough to hear them.

We came away with various opinions as to whether we shall wear uniforms, regulated dress or "plain clothes," and as to whether we are over-specializing or have only begun to specialize, but as to accurate and adequate records, we are confident that even the most stolid reactionary departed convinced of their value. Miss Stimson's "Plea for Good Records" read at the last meeting, and the discussion following, summarized the whole situation; and practically every speaker during the convention made either a direct or indirect appeal for records, for more publicity in our work, and for a more intelligent co-operation.

All were stirred to a new note in education and in civic duty by the moral interest which belongs to one who is part of all he sees, and a sharer in the social responsibility for the present and the future of society. Let us not allow the pressure of a minute routine to swamp our perspective or drown out the fires kindled by the associations of our splendid week at Atlantic City. Let us keep with us during the year the spirit of Miss Wald's ideal and strive for a competency to achieve her aim: "Public health nursing has a new ring to it, an inspiration to all who comprehend the large implications of the term. The nurse no longer feels herself qualified to care for people unless she has been trained to recognize and to report symptoms other than those of the patient. Instruction in measures for protection and relief in housing, on labor legislation, on school laws, is a necessary part of her equipment, and above all and beyond all is the personal and spiritual attitude and the realization that she is not only serving the individual, but promoting the interests of collective society. Society needs her, and needs her inspired, needs her well trained, with such training as was not conceived of before, except perhaps in the master mind of Florence Nightingale."

The National Organization for Public Health Nursing

OFFICERS

Honorary President, Lillian D. Wald.....	New York City
President, Mary S. Gardner.....	Providence, R. I.
Vice President, Edna L. Foley.....	Chicago, Ill.
Secretary, Mary E. Lent.....	Baltimore, Md.
Treasurer, Milton C. Herrmann.....	New York City
Chairman of Finance Committee	
Executive Secretary, Ella Phillips Crandall.....	New York City

DIRECTORS

Newly elected Directors—

Edith M. Hickey.....	Seattle, Wash.
Olive Chapman.....	Colorado Springs, Colo.
Irene Foote.....	Jacksonville, Fla.
Elizabeth Stringer.....	Philadelphia, Pa.
F. Elisabeth Crowell.....	New York City
Anne Gully.....	Richmond, Va.
Isabella H. Pirie.....	Los Angeles, Cal.

Remaining Directors—

Matilda L. Johnson.....	Cleveland, O.
Mary Beard.....	Boston, Mass.
Julia C. Stimson.....	St. Louis, Mo.
Ellen LaMotte.....	Baltimore, Md.
Jane A. Delano.....	Washington, D. C.
Lydia L. Holman.....	Altapass, N. C.
Annie L. Hanson.....	Buffalo, N. Y.
Minnie F. Paterson.....	Minneapolis, Minn.

Retiring Directors—

Edith M. Hickey.....	Seattle, Wash.
Sarah B. Helbert.....	Cincinnati, O.
Flora M. Glenn.....	Chicago, Ill.
Annie W. Kerr.....	New York, N. Y.
Harriet L. Leet.....	Cleveland, O.
Mary M. Fletcher.....	Leesburg, Va.
Mary S. Gardner.....	Providence, R. I.

A Greeting

Given by Miss Lillian Wald at the General Opening Meeting at
Atlantic City, June 25th.

Nurses, and you men and women who hold fellowship with nurses throughout the land: I greet you on this distinguished occasion!

For two decades there have re-appeared here and there evidences of the deep springs of inspiration among women, particularly American women, who have felt the pressure of life and the need of consecration to spread the gospel of service to the sick, and upon the root of that gospel there has branched forth a wonderful growth. This is the realization that the call to the nurse is not only for the care of the sick, but to seek out the deeply-lying basic causes of illness and misery, to protect and to prevent, that there may be in the future less sickness to nurse and to cure.

This is a wonderful epoch in the history of the world—a thrilling time for those who have the privilege and the opportunity to participate in its growth; a transitional period it will appear to future historians. Events move so rapidly that the chapters of social realization and efforts to reform follow closely upon each other. We have our historians in our own profession, but they are so bewildered with the rapidly shifting scenes in contemporary history that they are hardly able to seize one development before another is in the way.

In this meeting today, for the first time, three nationally important organizations of nursing in the United States come together to place on record their share in the movement for public health and for the promotion of right living, beginning even before the life itself is brought forth—through infancy into school life—on through adolescence, with its appeal to repair the omissions of the past, and, finally, to help potential parents

to do better for themselves and the oncoming generations than has ever been done before. Nurses are here to testify to the realization that they must, to no small degree, carry the obligation to prevent the premature employment of children, that they may conserve their physical strength; to identify themselves with the movements for the protection of the men and women who work, that dangers may be removed from them, and that they may not risk health or life itself while earning their daily bread. Nurses are assembled here to report their share in the supervision of children at school, to the end that the purposes of mental development may be achieved without disregarding the health and physical development of the children. Public health nursing has a new ring to it, an inspiration to all who comprehend the large implications of the term. When, in the history of nurses, have their tender ministrations ever before been so emphatically allied with great forward moving, high-hearted efforts for the whole generation that is and the generations that are to come? Many there are, it may be, engaged in the routine of public health work, who have not crystallized for themselves the import of their task. They are sturdy soldiers, who do not ask the reason for the command.

But there are also prophets among the nurses and among the students of social movements who see the veil lifted, and who know that the great army of nurses are educating the people, translating into simple terms the message of the expert and the scientist. The visiting nurses throughout the country have been reinspired to dignify and to lay true values upon their service, coveting for themselves the privilege of relieving pain, and linking with that century-cherished prerogative of women the new note of education and civic duty.

This conference will record the significant fact that the nurse no longer feels herself qualified to care for people unless she has been trained to recognize and report upon symptoms other than those of her patient.

Instruction in measures for protection and relief in housing, on labor legislation, on school laws, is a necessary part of her equipment, and above and beyond all is the personal and spiritual attitude, and the realization that she is not only serving the individual, but promoting the interests of collective society. In the vernacular of our day, there are campaigns of education, campaigns for the reduction of infant mortality, campaigns against tuberculosis, campaigns for the prevention of blindness; boards of sanitary control; sex hygiene movements; mental hygiene associations; researches into the abuses of the midwifery practice, into the question of school feeding and into the segregation of the mentally defective. There is recognition of the facts of physical deterrence that bring the children before the court; there are tabulators of those who suffer from contagious and infectious diseases; follow-up workers, who are entrusted with the mission of completing the treatment that patients receive in hospitals; home and school visitors, charged to bring into relationship the home and the school, that each may help the other and better understand each other. It is a long array, and I have by no means completed the list of fields in which we find the trained nurse of today. Society needs her, and needs her inspired; needs her well trained, with such a training as was not conceived of before, excepting perhaps in the master mind of Florence Nightingale.

Nurses are not working against handicaps. They have the tremendous force of public sentiment with them, appreciation of the work that they do when it is well done, and, what is of inestimable importance, they have the fine co-operation that nurses give each other. This first conference of a national organization of nurses engaged in public health work is a twentieth century aspect of an old profession, and its president brings to its members and to those of the other national nursing organizations a message charged with deep emotion, and

a message of gratitude to the older organizations that have included it in their circle. May that circle be everlasting, standing as a symbol of a universal sisterhood, dedicated to the service of their country through its people, young and old, rich and poor, in institutions and in their homes, a circle unbroken until preventable disease and poverty shall be eliminated and the perfect civilization realized.

Visiting Nursing From a Business Organization's Standpoint

DR. LEE K. FRANKEL

Sixth Vice-President of the Metropolitan Insurance Co.

I have been asked to speak to you on the subject: "Visiting Nursing from a Business Organization's Standpoint." In order to obtain the proper point of view, it will be necessary for me to consider the subject somewhat historically.

Visiting nursing, as is well known to you, is practically sixty years old. The first experiment in this novel field was made in England by William Rathbone in 1859. It has since extended its sphere of activity to practically all English-speaking countries and with certain modifications to other countries.

At its inception, visiting nursing was a phase of medical relief for the sick poor. Its object was two-fold: first, to give nursing service to the impoverished and the dependent, and second, to educate this class of the population in better methods of living. I can find no record that in its inception visiting nursing differed from other forms of medical relief. In connection with the general problem of the administration of charitable assistance to dependent families, provision was made for the attendance of a visiting nurse, in precisely the same manner as relief societies or poor officers gave money for rent, food, clothing, etc. Prior to the installation of visiting nurse work, it had not been uncommon for poor officers and relief agents to furnish services of physicians gratuitously to dependent families; in fact, the so-called "poor physician" or "charity doctor" has been well known for years in connection with public outdoor relief. The

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value and novelty of visiting nurse service lay in the ability to furnish nursing care which under the older system of nursing had not been generally available because of its cost. To appreciate the present status of visiting nurse work, it is necessary to remind you of its origin and to realize the effect which such origin had on the subsequent development of this very interesting phase of medical care.

As stated above, in the beginning visiting nursing was confined to the indigent sick. The funds for its maintenance came from the coffers of charitable societies, or from the pockets of philanthropically disposed individuals. No attempt was made to obtain a contribution from the patient, since for obvious reasons none could be given. With the development of visiting nurse work, however, it was realized that its value, as demonstrated by the success which it attained, would probable be ever greater for large masses of the population not belonging to the dependent classes. I refer in particular to those immediately above the so-called poverty line—the self-respecting workmen, who, without any desire for charitable intervention, are just able to make both ends meet out of their earnings. Gradually, visiting nurse service was extended to these.

As the cost of service was comparatively high, it was realized that the entire cost could not be borne by these recipients and that contributions would have to be received from the better circumstanced in the community to supplement the income from so-called "pay patients." It is customary today for visiting nurse associations, therefore, in many instances, to request a fee for services rendered to the extent of the ability of the patient to pay. The larger part, however, of the annual receipts of the average visiting nurse association is still received from contributions of philanthropic people, from tag day collections, etc. The reports of several of the larger societies in this connection are of interest.

The Instructive District Nursing Association of Boston in its fiscal year ending January 31, 1913, received a total amount of \$53,323.08, of which \$2,988.11 was received from pay patients. Similarly, the Chicago Visiting Nurse Association for the fiscal year ending December 31, 1912, received a total amount of \$85,824.27, of which \$2,065.51 was received from pay patients,

It will be seen from this that even today among the largest and best equipped organizations and the ones which probably have developed most thoroughly the fee idea a comparatively small portion of the receipts is received from the patients themselves.

Recent studies made in connection with the income tax bill now before Congress show that the population of the United States can well be divided into two great classes—the first, with an income of \$4,000 or over per annum, and the second, with an income of less than this amount. It is surprising to see how comparatively few are included in the first class. In other words, the great bulk of our population is made up of families whose incomes are less than \$4,000 per annum. I think we can safely leave those whose incomes are above this amount and even many whose annual incomes are above \$1,000 to the tender mercies of regular privately weekly nurses on the assumption that such families are in a position to pay the weekly fee demanded. It can safely be said, however, that the great mass of the population with incomes less than \$1,000 per annum is rarely, if ever, in a position to meet the charge of private nurses, particularly if the service required covers any extended period of time. This group must be provided for by visiting nurses. There remains still to be considered the percentage of the population utterly unable to contribute anything whatever to the cost of any form of nursing service. By this, I mean those who are actually impoverished and by reason of sickness, widowhood or other causes are practically dependent on public or private bounty.

There are no accurate statistics available as to the size of this element in the population. I think, however, in the United States at least, the proportion is smaller than we are apt to believe. There are statistics showing the population of alms houses, etc., but these do not come within the purview of this article. The actual permanent dependency of families residing in their own homes has never been definitely established. I may cite here, however, the statistics for the last year of a larger relief society in the City of New York, which show that approximately one-half per cent of the special population with which this society deals was permanently or temporarily dependent on private support. Excluding the dependent group and the group with incomes of \$1,000 and over, there remains the greater bulk of the population for whom as yet comparatively little has been done through visiting nurse agencies. These many millions of our people are not financially able to meet the charges of regular private nurses, nor, on the other hand, in the main are they willing to accept assistance, material or medical, as a gratuity or as a dole.

It is this large element of the population—men, women and children—the adults largely employed in gainful industries, self-supporting and independent, who have in more recent years become subjects of concern to those by whom they are employed, or by insurance companies to whom they entrust their savings for protection against the final contingency of life. The entire current of modern industrialism is in the direction of considering these wage-earners as something better than a piece of machinery which is to be used to its full efficiency as long as possible and then cast aside on the scrap heap. Viewed from the sordid motive of efficiency alone, it is recognized by employers of labor that it is to their distinct advantage to safeguard the health of their work people, to surround them with conditions which make for health and efficiency, to give oppor-

tunities for diversion and recreation and to see to it that housing conditions are provided which shall maintain decent standards of living.

In the last few years, in particular, so-called welfare work for employees has been developed on a comparatively large scale and it is only a question of time until every industry and manufacturing establishment will by sheer force of example be considered below the proper industrial standard unless it provides for its workmen more than the contractual wage.

There is, however, one interesting phase in connection with this development. It has not been uncommon for employers to receive protests from their workmen against attempts made by the former to install welfare activities where these have been given as a form of beneficence. In our modern conception of society, we have gone far beyond the stage of believing that we can solve social problems by any form of charitable intervention. The worker today is demanding justice and not charity. If better house conditions are provided, if shorter hours of labor are given, if children are not permitted to work under certain ages, if safety devices are installed for the protection of the workman against accidents, and if pension funds and insurance against sickness, invalidity, etc., are incorporated in the well-meaning schemes of industry, the workman demands that these shall be given to him not as a privilege but as a right. He asks, in fact, demands today that wages shall be proportionate to his earning ability and that whatever is done for him along other lines shall be viewed as a form of supplementary wages rather than as a form of philanthropy.

I think it is well to keep this thought carefully before us in the consideration of the extension of visiting nurse service to the large element of the population which is self-respecting and independent, whether such service be extended directly to the individual patient through visiting nurses or visiting nurse associations,

through the employer in connection with his industry, or through insurance companies who, in the last analysis, are merely the custodians and the stewards of certain savings of their policyholders. In whatever form such nurse service may be rendered it is essential to recognize the fact that self-respecting working people wish this service given them as something for which they may pay directly by a fee; or through the employer, in which case nursing would be given as part compensation for work; or through the premiums paid to an insurance company.

There is still a fourth class of patient who should be mentioned here, namely: the citizen who receives visiting nurse service instituted by a municipality through its board of health, public schools or other department of municipal activity. Here, unquestionably the recipient has the right to receive such service not as a gratuity but as something which he receives as a citizen for the contribution which he makes to the city funds either through taxation or the rent which he pays.

Possibly I have laid more stress and importance upon this phase of visiting nurse work than in the opinion of many of you, it deserves. I cannot help but feel, however, that if visiting nurse service is to receive the development which it should, and is to reach the large mass of the population, less emphasis must constantly be laid upon the charitable or philanthropic side. I venture the opinion in all humility and in realization of the difficulties that will be encountered in adjusting the present system of visiting nursing to meet these future possibilities. On the other hand, I am convinced from a study of our own service that we are not reaching many of our policyholders by reason of the fact that they do not desire so-called "charity service." Whether this term has been justly or unjustly applied to much of visiting nurse work, the fact remains that in the opinion of many working men and women, the visiting nurse is the charity nurse and that her services are given most

frequently to those who are unable to pay for them. We are constantly receiving communications from our policyholders through our representatives to the effect that while they appreciate the effort we are making in their behalf they will not avail themselves of our offer to place a nurse at their disposal through fear that they may expose themselves to the criticisms and comments of neighbors in accepting the services of a nurse who comes to them in a definite uniform and who is known in the neighborhood as "the charity nurse." We have found furthermore that in cities where there are no visiting nurse associations and where we have employed our own nurses, this unwillingness to have the nurse largely disappears, since the policyholders are aware that only they can secure the services of the nurse and that her salary is being paid out of their premiums.

The statistics of large German sickness insurance societies show an average of from 30 to 50 members who become ill during the year out of every 100 insured. These statistics have been gathered for a number of years and I think are today fairly indicative of the morbidity in the working adult population. There are variations, it is true, from year to year but they may be due to special causes. The experience of the Metropolitan on the other hand shows an average of two patients per month per 1,000 policies in force. In small communities, this ratio is higher. You will notice the discrepancy between our figures and those of the sickness societies above referred to. A large part of this difference is of course explainable as many of our sick policyholders are in hospitals and hence would not come under the nursing service. I believe it to be true, however, that the small proportion of policyholders treated per 1,000 policies in force is due to the reason which I have given above, namely: the inherent repugnance and aversion on the part of self-respecting working men and women to accept service of the kind we offer them in the conviction

that they are placed in the same category with others who must depend on charitable support.

I am doubly embarrassed in presenting this phase of the work since I have no definite solution but only a suggestion to offer for its correction. I think, therefore, it is a matter which deserves careful consideration on the part of the Organization for Public Health Nursing. If visiting nursing is to be conducted as a business proposition, its development will be and should be along the lines of other business enterprises. Deserving as workmen may be, we do not expect that the grocer or the butcher should have a varying range of prices for his commodities, and that to dispose of the same he should first ask the customer how much he is in a position to pay for them.

With this thought in mind I would suggest the possibility on the part of visiting nurse associations of establishing a definite fee for service applicable to all patients and that this fee be adhered to as rigidly as possible. In the literature distributed by the societies, and in particular in the annual reports, less emphasis should be laid year by year upon the fact that the organization is primarily intended for the care of the worthy poor. In public collections which are made, the same procedure should be carried out. In the cases of families who are dependent, the effort should be made to secure the cost of the nursing service from the relief organizations in whose charge these families may be. In other words, for these, nursing service should be given by payment of the relief society in precisely the same manner as it gives funds to the dependent family for food, fuel, clothing and rent.

I can readily see that for years to come it may be necessary to depend upon private philanthropy to help in the support of visiting nurse associations, but I believe that the ideal to be worked for is an organization which to a very large extent receives its support from the payments made directly or indirectly by patients. In

other words, the ideal is a self-supporting visiting nurse association. How can this be accomplished? How may visiting nurse associations gradually lessen the amounts which they must receive from philanthropic contributors? Various methods suggest themselves to me, which, while they may appear fantastic at present, will nevertheless in time demonstrate their value.

I suggest the following for your consideration, as sources of income:

1. The requirement of a stated and definite fee from patients able to pay;
2. The systematic development of contracts either on a visit or annual basis with employers of labor for the nursing care of their employees;
3. The systematic development of contracts either on a visit or annual basis with fraternal orders, benefit societies, labor unions and all other co-operative associations for the nursing of their members;
4. The further development of agreements with insurance companies for the nursing of policyholders;
5. Contracts with municipalities for such nursing service as may be undertaken for the improvement of the health of citizens;
6. Agreements with relief agencies for the nursing care of the dependent and impoverished;
7. The centralization of all the visiting nursing in a community in one organization, to prevent overlapping and duplication, and to effect economic, efficient and constructive business methods in the administration of visiting nurse service.

If visiting nurse service is to be conducted on a self-supporting basis, if it is to be availed of by employers for their employees, by insurance companies for their policyholders and by health departments and other municipal activities as an expense to be charged to the budget, the cost of such service is a matter of vital consideration. The employer in determining whether to introduce such a service into his factory or plant will necessarily consider what the cost of such service bears to wages. The insurance company must carefully determine what percentage of the premiums which it receives are available, and the municipality must decide to what

extent taxes will be increased if a visiting nurse service is added to its activities.

So far as I have been able to determine from our experience, visiting nurse associations throughout the United States and Canada with few exceptions are paying salaries varying from \$60 to \$85 per month. The minimum salary is paid to beginners with an increase at stated intervals depending upon efficiency and length of service. There seems to be no uniformity in the number of visits which a nurse is expected to make to her patients nor does there seem to be any likelihood of any standard being set up. In the congested centers of our large cities, a nurse can make more visits than in a country town where there are frequently large distances to be covered between the homes of the patients. It is generally assumed that a nurse shall not work more than six days per week, nor more than eight hours per day. In fact, the great incentive to a competent nurse is the inducement of one day's rest out of seven, and the fact that ordinarily she has her evenings to herself.

The length of time which a nurse gives to her patients likewise varies considerably. The term "hourly nursing" possibly fittingly indicates the average period of nursing service. There are, however, many cases where a longer period than an hour is required to give adequate service. On the other hand, particularly in chronic cases, the necessary service may be given in considerably less time. Generally speaking it may be assumed that if a nurse works eight hours a day, she should average eight to ten visits per day. On this basis, working six days a week and four weeks a month, a nurse should be able to make 200 visits a month. Assuming that the average salary is \$75, this would mean an average cost of 35 cents per visit. In addition to this must be considered the cost of service, uniform and management expenses. I take it that the practice of most associations will show that the actual cost of nursing service will average from 45 to 50 cents per visit.

It should be mentioned here, however, that in a number of instances in our experience the cost of nursing service is above this amount. I think it is an open question whether a large extension of the visiting nurse service to the working classes can be looked forward to, if the cost of such service goes far beyond 50 cents per visit. Even this amount is beyond the ability of the average workman to pay for any continuous period, unless payment can be made through the premiums which he pays for his insurance. I question whether any large number of employers would consider a service of this kind if the cost ran above the figure just cited. Similarly municipal visiting nurse service will probably be limited in its extension unless the cost can be kept within bounds.

It will probably take time before visiting nurse service can be developed on a self-supporting basis. Many employers must still be educated to the realization that nursing of sick employes is a good business investment. Again, it will probably be equally as long before municipalities awaken to the realization that the extension of nursing service as a function of the municipality is desirable and in accord with good policy. For the present, therefore, the fertile field for the extension of visiting nurse service is through insurance companies.

The industrial insurance companies in the United States insure approximately twenty million men, women and children, who pay premiums weekly. The particular value of insurance nursing lies in the fact that the cost is distributed over the mass of policyholders who through the insurance company have formed practically a mutual association to safeguard the constituent members against certain contingencies of life. Insurance in simple terms is nothing more than provision made in advance by the saving of small amounts against contingencies such as sickness, accident, invalidity and death. The question arises to what extent can insurance funds be used for visiting nurse work. Visiting nurse

service through insurance companies is still so recent and experimental that no definite statements can be made. The one insurance company which thus far has gone into the field, the Metropolitan Life Insurance Company, has not attempted to make any charge for the service rendered but rather to meet the cost out of annual savings.

In the year 1912, the gross savings of the company in the Industrial Department amounted to \$6,945,930. Of this amount, \$6,281,571 was appropriated to be returned to policyholders in the shape of cash bonuses, \$459,064 was spent for the nursing service, leaving a balance of \$205,295. These figures are mentioned here to indicate to you that even an insurance company has distinct limitations in the amount which it may expend for any form of welfare work.

Primarily, insurance is not a business. The insurance company receives definite sums from its policyholders and from its investments. These funds are applied, first, to pay claims as they arise; second, to accumulate a reserve for future claims as required by law; and third, to running costs. Whatever remains over and above these amounts is so-called "savings" and is really the excess which has been received from premiums, interest, etc., over the amount actually necessary to carry on the insurance scheme. You can readily see that if an insurance company desired to reduce the cost of insurance to its policyholders by reducing the premiums, the conditions might easily arise that no savings would remain at the end of the year and hence no fund would be available for any purpose other than the original insurance one. Similarly, it will be readily seen that if nursing service is to be given on a large scale, provision for this must be made in the premiums which the insured pays. The insurance company is not in a position to give something for nothing. It receives definite amounts which in its wisdom and under law it disburses or accumulates for the benefit of policyholders.

The hope of visiting nursing through insurance companies is the extension of human life through such service. This means in its simplest terms that if such service be effective, policyholders might live longer, the payment of claims might be deferred, and as result the cost of insurance might eventually be reduced.

The service as we have conducted it is as yet too young to give definite indications as to whether the results hoped for have been accomplished. So many other factors enter into the question of human life extension that it becomes very difficult to determine whether any one particular activity has been instrumental in bringing about a reduction in mortality. Visiting nursing is only one of many activities which are working for the betterment of health conditions and as yet it is impossible to say which one of these activities possesses greater or lesser merit. I need only cite the reduction in infant mortality. To what extent the education of mothers through the visiting nurse has been helpful and to what extent the use of proper milk has contributed cannot be definitely stated from any statistical data at hand.

I have mentioned above that the relation between the insurance company and the policyholder is one of stewardship. The officers of insurance companies are in the position of custodians of funds which come to them as a sacred trust. Probably no funds should be more carefully conserved or more thoughtfully disbursed than the savings of the working people. It becomes therefore a matter of prime importance for the insurance company to determine the lines along which it must judiciously disburse these funds so that they will be most effective and do the most good.

This thought will be brought out somewhat more clearly by a study of some of the data which we have collected in connection with our nursing service experience of the past few years and by a study of our mortality statistics.

These data show first the industrial mortality statistics of the company for the first three months of 1913. As was to be anticipated, tuberculosis leads in the causes of death with 16.1 per cent of the total deaths. This is followed by pneumonia with 12.9 per cent of the total deaths, organic diseases of the heart with 12.4 per cent, Bright's disease with 8 per cent, cerebrae hemorrhage and apoplexy with 5.5 per cent, cancer with 5.1 per cent, influenza with 2.3 per cent, diphtheria with 2.1 per cent, diseases of the arteries with 1.8 per cent and typhoid fever with .8 per cent of the total deaths. The infectious and contagious diseases, including tuberculosis, influenza, diphtheria, measles, scarlet fever, typhoid fever and whooping cough, make up 24.1 per cent of the total deaths. Deaths due to violence in one form or another comprise 6.3 per cent of the total deaths, whereas 21.6 per cent of all deaths are due to approximately 125 other causes.

In other words, the preventable diseases were responsible for about one-quarter of the total mortality and if we consider the acute infectious only, we find that they were responsible for 36 per cent of the total deaths under the age of nine years. On the other hand, Bright's disease, organic diseases of the heart, diseases of the arteries, and pneumonia, conditions incident to old age, contributed 44 per cent of the deaths over forty years of age.

It is interesting to note at this time that the classification followed is the one now quite universally used, namely: the International List of Causes of Deaths.

From the standpoint of the insurance company, the above figures are exceedingly illuminating and significant. I think you will agree with me that any efforts which we make in the direction of the prolongation of life should be largely directed to these diseases which are responsible for the larger part of the mortality, namely: tuberculosis, pneumonia, organic diseases of the

heart, etc. Since infectious diseases play a large part in our mortality, it is desirable from our viewpoint that these cases be nursed. Unfortunately, however, comparatively few nursing associations are equipped to handle diseases of this class.

Let us now compare these figures with our nursing statistics for the year 1911. These statistics I may say are given with some diffidence owing to the fact that in many cases the diagnosis we have received from the nurses are incomplete or even inaccurate. At the same time we believe they will give a fair picture of the character of the work which has been done. Childbirth occupies a very prominent place in our nursing work, 11.71% of the total cases nursed being cases of childbirth. This is followed in the order of their prominence by external causes, including wounds, fractures, etc, pneumonia, tuberculosis, rheumatism, influenza, diseases of the stomach, typhoid fever, tonsilitis, convalescence, bronchitis, care of the newborn, adenoids, diseases of the heart, diseases of the uterus and diseases of the eye and ear. These fifteen diseases practically make up 56 per cent of the total cases nursed.

Here too, a study of the figures is exceedingly illuminating. While 11.71 per cent of the cases nursed were those due to normal childbirth, the mortality among these cases was only .48 per cent of the total, whereas the mortality among the pneumonia cases, which represented 5.79 per cent of the cases nursed, was 9.44 per cent. Most significant of all, however, is tuberculosis. Only 4.57 per cent of the cases were from tuberculosis and yet the mortality was 25.71 per cent of the total deaths. It appears fairly clear from these latter figures that we are not reaching all of our policyholders suffering from tuberculosis and that a considerable percentage of those who are being nursed are advanced cases. I have called attention to the fact in the mortality statistics that 12.9 per cent of our total deaths were due to pneumonia.

The nursing figures show that only 9.44 per cent of the total deaths were due to this disease. It also appears that of those treated for this disease, only 10.5 per cent succumbed. While we are averse to drawing any definite conclusion from these figures, we believe nevertheless that they indicate that we should lay particular stress upon these diseases in our nursing service, since the nursing service is apparently productive of very excellent results.

Let us take the infectious diseases other than tuberculosis. The mortality figures have shown that about 8 per cent of our mortality is due to them. The nursing service shows that 10.1 per cent of the cases nursed were diseases of this class and that they gave only 6.5 per cent of the total dead. These figures I think will bear out my statement above, namely: that we should in the future lay more stress upon the care of these preventable infectious diseases.

The question of the treatment of typhoid fever is naturally of interest. Our Industrial mortality shows that only .8 per cent of all our deaths is due to this disease. Our nursing figures show that 2.69 per cent were typhoid cases and that the percentage of deaths to the total deaths was 2.76 per cent, a considerable higher figure than our mortality ratio. Additional light is thrown, however, on statistics of this kind which gives the so-called lethal rates (percentage of deaths to cases of illness). The rate in the nursing service for typhoid fever is 6.4 per cent. The figures for the cities of New York and Chicago and for certain Prussian hospitals are 16.2, 16.4 and 13 per cent, respectively. This would indicate that the nursing service is of very distinct value in the treatment of this disease but I admit at the outset that it is only an indication. We should not attempt to draw any further deductions from the figures given.

The data of diseases with a low lethal rate nursed in our service show that chronic rheumatism made up 3.14 per

cent of the total cases nursed; the deaths from this disease were 1.8 per cent of the cases treated; normal childbirth made up 11.71 per cent of the total cases nursed; the deaths were .3 per cent and required 12.28 per cent of the total visits made.

In a tabulated list of the diseases with a high lethal rate, all forms of tuberculosis made up 4.6 per cent of the total cases nursed; the deaths from this disease were 37.5 per cent and required 7.7 per cent of the total visits made. Cancer made up 1.05 per cent of the total cases nursed; the deaths from this disease were 50.1 per cent and required 2.47 per cent of the total visits made. Paralysis made up 1.34 per cent of the total cases nursed; the deaths were 23.2 per cent and required 2.06 per cent of the total visits made. Heart disease made up 1.67 per cent of the total cases nursed; the deaths were 30.4 per cent and required 2.01 per cent of the total visits made. Acute and chronic nephritis made up .84 per cent of the total cases nursed; the deaths were 32.3 per cent and required .94 per cent of the total visits made.

It is highly necessary for our purpose that in analyzing the causes of death, we should be certain that we have the correct causes of death. We have found, however, in editing the death claims on which payment is made, that approximately 8 per cent of the death certificates present cause of death returns which require further information to permit of accurate tabulation. In these cases it has been our policy to address a letter of inquiry to the physician or coroner who has signed the death certificate, asking for more definite information. The returns, which have been received, are very gratifying and the information which has been sent to us has helped us to clear up earlier indefinite returns of causes of death.

To what extent such editing of death claims produces different results is indicated by the following: Out of twenty-six reports where the cause of death was

given as peritonitis, inquiry revealed that the primary cause of death in three cases was due to self-induced abortion, in two cases to criminal abortion, in two to appendicitis, in three to puerperal fever, and in one case to gonococcus infection, and the rest were due to causes such as alcoholism, traumatism by falling, typhoid fever and cancer. Not one of the twenty-six "peritonitis" cases reported to us was ultimately so classified.

I have introduced this data at this point since it will probably explain to many of you why we have been so insistent in the past that accurate diagnoses be given on the history cards which are submitted by the nurses. We have found in many cases either that no mention was made of the illness from which the patient was suffering or that the diagnosis given was so vague that we could not use it in our statistical studies. I need only mention such terms as colds, headaches, sores, etc., to indicate what I mean.

In conclusion I give the following figures, showing the actual status of the nursing service for the year 1912. The total cost of the service for the year exclusive of Home Office administration charges amounted to \$440,589.76. Of this amount, \$243,649.33 was paid to visiting nurse associations, \$12,005.68 to hospitals and the balance to individual nurses on either a visit or a salary basis. The total number of visits amounted to 962,117, making an average of 46 cents per visit. The administration expenses of the Home Office amounted to \$28,580.53, or approximately 6 per cent of the total disbursements. On the basis of the number of policies in force we approximated thirteen patients per thousand policies in force.

I have stated above that the hope of visiting nursing through insurance companies is the reduction of mortality and the extension of human life. This, however, is by no means the only purpose which the Metropolitan Life Insurance Company had in mind when it introduced its nursing service. It is still hoped that the care of our

policyholders through trained nurses and the education in hygiene and sanitation which the latter give to patients on their visits may be instrumental in teaching millions of our policyholders better ways of living. The fundamental basis, however, for the inauguration of the nursing service was the realization on the part of the directors and officers of the company that their obligation to policyholders did not cease with the collection of premiums and the payment of death claims.

Not only through the nursing service but through other instrumentalities, the effort has been continuously made to bring into the homes and lives of millions of working people, some greater degree of comfort, some better appreciation of sanitary conditions, some inspiration which may guide them to self-help and teach them the methods of protection for themselves and their families against the ills of life. The nursing service has never been looked on simply as a means of reducing mortality and effecting saving in the payment of death claims. It has had from the beginning and still has a much broader humanitarian and altruistic basis. We have believed that in accepting small premiums which our policyholders pay us, we have assumed a distinct obligation to look after their physical and material welfare.

We hope, in fact know, that our publication, "The Child," will tend to reduce infant mortality; that the booklet, "The Health of the Worker," will teach workingmen the conditions which should be found in factories and workshops and that with this knowledge they will co-operate with employers to bring about ideal factory and shop conditions; that the pamphlet, "Teeth, Tonsils, and Adenoids," will show many parents the necessity for the physical examination of their children. The campaign which we are making against tuberculosis, against the fly and mosquito, and the co-operation which we are trying to effect with health officers and health agencies everywhere should, we hope, in the long run result in a de-

cided improvement of conditions which make for better health and longer life.

With this thought in mind it is timely to express our appreciation of the splendid co-operation which we have received from visiting nurses and visiting nurse associations throughout the United States and Canada. Without this ready co-operation, without this spirit of helpfulness, which has been so pronounced and so much appreciated, it would have been impossible for the company to bring the nursing service to its present state. Much still remains to be done. In many respects the service is still incomplete and time will be required to bring it to a higher state of effectiveness. We know of no work in which we can engage that will bring greater returns, although they may not be statistically enumerated or show results in dollars and cents, than this attempt to educate Industrial policyholders in proper standards of living through the instrumentality of the visiting nurse. It is through her self-sacrificing labors, through her devotion to the cause, through her willingness to respond to calls whatever their source, that has made the visiting nurse service of the Metropolitan Life Insurance Company a subject for commendation upon the part of thinking men and women everywhere.

Our appreciation of this work and the underlying purpose of our visiting nurse service can best be told in the lines which I read at our Superintendents' Convention in 1912 and which I take the liberty of repeating at this time:

"Tonight we shall proclaim
Our purpose firm to succor, not alone
When the grim reaper enters hut and home,
But over and beyond all this to give
To those we serve, the knowledge how to live,
Ours is the task to speak of longer life
Instead of death; to teach that in the strife
With dread disease man need not fall betimes.
Ours is the duty—as sound the chimes
Far overhead, bidding us act—to go

Into the homes of men and gladly show
That threescore years and ten are still our lot.
Thus was it said of old, ere men forgot
That sin took toll in suffering; ere wealth
And greed obsessed the hearts of men; when health
Was yet of price. Tonight our standards new
Yet old, we raise. Tonight we pledge anew
Allegiance to command sent from the sky
To trembling Cain, edict of the Most High:
'Thou art thy brother's keeper.' We proclaim
Tonight that we best serve His glorious name
By serving others. Let no man contend
In days to come that we have failed to lend
Support to cause of justice or of right.
Let no man say that we have failed to fight
The battle of the weak. To them we'll bring
Comfort in sickness, that they rise and sing
Paeans of praise. For them we shall install
Our white-robed sisters at their beck and call,
To nurse them back to health. Sisters, said I?
Angels were better, for in truth they vie
With God's fair messengers in sacrifice
Of time and self—a service beyond price.
Ministering angels, they whose gentle touch
On fevered brow brings peace and rest to such
Who lie on bed of pain. They speak the word
Of cheer, and hope, and faith, too seldom heard
In homes where hunger reigns; 'tis they who give
The cooling, healing draught that men may live.
Angels of mercy they! who bind the bleeding wound;
Missioners of peace triumphant, who sound
The note divine of God's undying love."

Boards of Directors*

JOHN H. LOWMAN, M. D.

Almost every organization, private and public, must have a managing board. The more the organization concerns a large number of people directly as stockholders, or indirectly as an interested public, such a board of management is necessary. When the chief obligation of the board is a financial one, such a board may be said to be absolutely essential, although some banks and other institutions have gone on the principle of absolutism, a one man or oligarchical power. In public matters it would be almost impossible to find any one who was willing to take such a responsibility.

When a simple interest is involved, as a small specialty business, the board can be uniform; in fact the more closely the mental processes of the members resemble each other, the more efficient such a board will be. But as the interests become involved, extended and touch the people the personnel of the board must be more diversified, at least in talents and experience. All should of course be wise. A board of directors of a public institution should indeed be a place, as we read in holy writ, "where wisdom hath builded itself a home." It is not a small thing for any body of men or women to assume that they can legislate even for a small share of the people. And when the latter class is feeble and dependent the responsibility is very great. As wisdom under such circumstances can come only from a composite of minds, it is well indeed if the superimposed minds should be cautiously selected.

Recently a gentleman interested in a new international movement confided in me his troubles in selecting a board. I asked him as to Mr. A. "He would not do," he answered, "or Mr. B. or C. or D," added I. "Not at all," said he.

*Address delivered at the First Annual Meeting of the National Organization for Public Health Nursing.

"They are all figureheads and useless; they want their names on paper, and would not work, except in their own institutions. We must have men interested in this new idea and devoted to it. Dead wood is dead and cumbersome."

I found, however, that my friend was a wise man and not lead entirely by an idea. He was not a doctrinaire, and though determined that his board should not be an ornamental one he was willing to have a few, a very few, prominent and influential citizens upon it, even though they could give no time. I also think that it is often desirable that certain important interests should be represented in order that the people may know that such interests are respected and will be conserved. Such representatives should, however, be well chosen as to personal traits and adaptability. I have known boards to go so far in this matter of represented interests that there were not members enough to fill the committees. One should therefore proceed very conservatively and limit the number of gargoyles to two or three, according to the size of the board. This idea is more true of central boards, the activities of which are spread over a large territory, and which meet a few times only during the year, and in a purely advisory capacity, than to boards that are more local in their scope. It will vary of course with the seat of the board, the character of its origin, its traditions, the individual life of the members, their habits, interests, family obligations etc. A board for public health nursing will therefore be a large board or have a larger subsidiary advisory board. But of advisory boards more later—they are apt to die of inanition.

First then let us consider the personnel of the large board. There are first, especially in the early stages of organization, two or three individuals who stand for prominent interests in the community. Then there will gradually creep in those who have made large contributions or who represent those who have been generous or who are their natural successors on account of death or removal. These

will not be numerous and need not be feared, but I do not think that they can be overlooked so long as the board is not overloaded. They do not attend the meetings and their advice is only seldom of value, unless they are especially wise and judicious or have an extensive knowledge of social features through reading travel or experience. These extraordinary, honorary, advisory, ornamental or special or general interest, kind members, or whatever you may call them, are in reality *extra board members*, and in action must be so regarded, and quorums must be determined regardless of them. They properly belong to an advisory board if such a board could be strong, active interested and enduring. Among these extra board members might be reckoned church and municipal representatives and occasionally some useful social leader. Not infrequently from these extra members a valuable person will arise; unexpectedly he gets the vision, draws inspiration from his associates and develops a great usefulness. This is more likely to be true of some young person on the intra-advisory division of the main board. Between these intra-advisory members and the actual working board no distinction by name or function can be made and no penalty can be exacted for non-attendance. A rule prescribing such penalties is sure to be a dead letter if it is mandatory, and if it exists at all should operate only in cases of especially overt negligence or disloyalty, thus obviating the necessity of open, offensive and dangerous discipline. A large board with several inactive members whose working knowledge of the affairs of the society is necessarily limited, must be handled with especial tact and delicacy. Some unwritten rules and a tacit understanding, not amounting to clannishness, among the stronger workers will foster and maintain that unity of purpose and spirit which is essential to the accomplishment of the best results. A certain snobbishness of work of which I think I have sometimes seen evidence is quite as offensive as the snobbishness of social position for which the world has at all times had contempt and which should be depreciated quite as strongly. In this transitional

era there is actually a risk that the snobs will change places instead of dying out altogether. In some private schools I am sure it is a positive disadvantage for a boy or girl to be associated by birth with a prominent family. Power is power and its sources should be carefully analyzed. It is sometimes subtle and pervasive and rests on tradition only; tradition is the most powerful influence in human affairs and constitutes a large per cent of our impulses. Between tradition and suggestion there is scarcely any place left for imitation and still less for imagination and scarcely none at all for originality and genius. Since respect for power is traditional, because the savage respected and feared the thunders and other inexplicable phenomena of nature, it makes no difference what power you respect so long as you know you respect power, which you do traditionally, iconoclastic although you are, and to attempt to crush or revolutionized a tradition which has been immanent in the human spirit since the commencement of time is futile. Reason is limited to the few and guides so small a portion of the human race that it can almost be regarded as an epiphenomenon when contrasted with the power of tradition, and whereas I recognize its leavening influence and its mighty force in freeing the human spirit from bondage and its ultimate reign with faith, it must play at present the role of opportunist with tradition.

Of the working members of the real board there are three classes. The occasional worker with special functions, the voluntary and the professional worker. Among the occasional workers I would include a man familiar with financial matters, for benefactions, donations, testamentary bequests will come and should be well invested. I am not in sympathy with the idea that a philanthropic society should expend all its funds for current expenses and have no endowment. It should at least have sufficient funds to ensure its existence, and today when there are so many super-fortunes there would be no place for the super-abundant fund without a system of endowments. Too much would be expended one year and not enough the next; there

would be extravagance and false expectations one year, and economies and disappointments the next. Real progress is slow for it becomes possible only by battling superstition and unwholesome tradition and exhausted reactionary influences. In addition to this financial advisor, who should be on the board, there should be accessible to the board an attorney, and in public health matters a physician. They need not be members of the board and I am inclined to believe that they should not be members of it unless there is some special reason outside their functions as lawyer or physician. Their special services are just as freely granted off the board as on. Their attendance would be desultory and they would unnecessarily increase the number which threatens to be large. Of the actual workers I have made two classes, the voluntary and the professional. By voluntary I mean a person who has, outside the society under consideration, his own vocation or occupation which demands his earnest thought and occupation most of the time, but whose heart inclination and life purpose impell to outside activities. Some voluntary workers become semi-professional because of the lifting of their personal burdens and the consequent increase of their free time, because of their ability and conscience and inclination. These voluntary workers will always be the back bone, the old guard, the essential element, the human disinterested element, in any philanthropic enterprise that depends on the people for support. They represent the community; they voice the need; they are, in fact, an epitome of the people, the conservative, substantial, non-specialized essence of humanity; they represent one phase of its ethical development. When a community has finished its organic problems and feels secure in its environment it begins to criticize its laws and customs, the habits and conduct of its people, its institutions and leaders in order to determine whether these represent its purpose. It is not satisfied with being secure and knows that to rest

is to retrograde, and consequently it breaks with its reactionary tendencies. It is with this spirit that new institutions arise. A board of managers in philanthropy represents this spirit and must be largely composed of those who consciously or unconsciously are stimulated by it. Consequently the voluntary members are neither reactionary, like perhaps the special intra-advisory members, nor radical like the professionals; they are not especially in advance of their times, they are in fact of their own era, and advocate what is now demanded by the spirit of the times with a reasonable and judicious prudence for the future, and a comely, thankful and sympathetic respect for the past in which the present was forecast. Such a body of human beings recognizes that life is never in stasis, but always in change, is always transitional, is always passing to a fuller self-realization. Napoleon and Luther were products of their own time and not of the future, and that was a great element of their genius.

The voluntary members are very hard to find, because they are true to nature and exactly fitted to their environment; they are not phenomenal; chance discovers them and opportunity winnows them. They are numerous, because they are the representatives of the present movement, but they do not know even themselves. Thus it is by a certain instinct that a group is gathered together. Education, talent, usefulness, some awakening experience, all have a determining influence on the choice. In a board composed of women there is more need of uniformity than in that of men. I think in the first place women are more uniform, they represent the moral force of the race, and retain or reject for posterity that which is good or bad. Hence the instinct of women is truer; they understand one another better than men understand one another. They are more personal, less abstract, and the individual characteristics of their co-workers is very essential to their mental activity. It is therefore quite important for the future success of any

women's board that it should be composed of women of like feelings. That is, that the members should be such persons as would be apt to know one other under other circumstances than those that the board affords. This is true of cities of the second and third grade and especially true of moderately sized cities, say of 100,000 souls. In smaller towns where the spirit of democracy prevails more openly this social consideration is not so important, neither is it important in a metropolis; in fact, it is a disadvantage there. All these diverse considerations are instinctively recognized and felt when a group is formed. One of the good examples of it is in the creating of the auxiliaries for Stoney Wold Sanatorium. There should be younger members to be successors of the seniors. Of course every one of these actually active members should have a stirring interest in the questions that the board is created to solve. In the matter of public health nursing, with its many branches, it is not difficult to find many kindred spirits.

By professional members I mean those individuals who give their time to the object in hand, who make it their business in fact; in public health nursing such a one would be the nurse. The invasion of the board by the actual field worker means a new and unaccustomed personality on the board. It means the introduction of a radical element among moderate conservatives. It means a strain on the relations of employer and employed. It means the commingling of diverse elements, the materially free but spiritually bound, with the materially bound and spiritually free. But nevertheless, in those instances where a nurse sits on the board that employs her I believe the arrangement works out well, notwithstanding the apparent incongruity of the situation, which is after all a relic of a false tradition of recent origin, and is not an ancient tradition that is a natural outgrowth of normal human development. For in the beginning all were workers except the kings and priests who were exempt and protected by extra privileges for the people's

sake. The exaltation of the employer is recent and due to his development of character, incident to his new and wider occupation and the coincident opportunities for mental development, and not to his position as an employer. The military argument does not apply here. As the quality of the nurse improves, as the profession itself becomes more and more a liberal profession, this distinction between employed and employer will disappear. Who thinks of applying this discrimination now to a clergyman, an advocate, a professor or a physician, and yet it was once done. The reason for bringing the professional worker on to the board is her knowledge. There are things that can never be known unless you practically do them yourself; a nurse from the field can bring facts before a board better than any one else, better than the superintendent. However, what I would most approve now would be one who had been a nurse and had retired from the particular activities but had retained a living and active interest in her profession. Isabel Hampden Robb was an ideal instance of such a one. It is well to remember, however, that such instances are very rare. Some of the most obstinate reactionaries have been physicians who have lost all their medical qualifications except their titles, and have become veritable and obstinate reactionary skeptics. It is very easy to lose one's professional daring. A retired surgeon loses his perspective at once and becomes a scientific coward. He is more than cautious, he is timid. Prestige by itself alone is dangerous to the possessor and the possessed.

Thus on a public health nursing board the professional member should be an accomplished, liberally educated, trained nurse with some independent social experience. A head of a hospital training school, an executive secretary or manager who has evolved from a nurse, a hospital matron, a superintendent of some of the allied activities, as the care of the blind, a well proven social worker and nurse in organized charities would be suitable candidates. The objection to an employee is the un-

fortunate position in which she is placed in case of discipline, reorganization of nurses or remuneration. The devoted loyalty to her class and to the institution which must of course sometimes arise will embarrass her and strain her judgment. Yet it is not an uncommon experience for cashiers and secretaries in business houses to serve with credit and usefulness on boards of directors. These practical men and women who are working out the ideas of the students and theorists find the truth. For that only is true which works out finally to the betterment of the whole and the full realization of manhood. This is the reason why the inspiration comes from the worker. Thus, in some way, a visiting nurse association must be in touch with its nurses. In small organizations with five to ten nurses the directors, superintendent and nurses are one compact body with various functions for the various members. Each one brings inspiration to the other; each one knows all the rest; each one gives of her time, of her interest, of her all. Each nurse knows the voluntary workers, is stimulated by their self-sacrifice and obligations. But as the institution grows to a band of fifty the personal element is lost. The superintendent becomes a buffer between two separate groups of voluntary and professional workers and there broods, as over the earth, an atmosphere—an atmosphere of the institution—and this is cold and absorbs both the light and warmth that must pervade in order to retain and strengthen purpose, interest, enthusiasm and inspiration. The voluntary worker will feel the lack of faith in the professional toiler, and vice versa. Each group must participate in this feeling. Confidence in and loyalty to the cause all associates can, and should have. Faith precedes works, and earnestness and devotion will depend on the degree of faith, but inspiration comes from association. "Where two or three are gathered together behold I am there." Teachers deplore the lack of inspiration among students, but it is invariably the fault of the teacher. In well organized schools one inspired teacher

is not sufficient, although it is remarkable what interest one enthusiast can arouse. Let the staff of teachers meet with the students in conference. Let the student see how those whom they respect, admire and perhaps envy appear and conduct themselves in public and speak in assemblage on topics of interest or in discussion. All this excites interest, and when associated with strong individual work by teacher and pupil will open the way to desire. "And when desire cometh it shall be a tree of life."

In a small body, such as a local visiting nurse association would be, there should be close contact of all the elements of the organization. Each group will be content in its own sphere and feel the due consideration, which each has the right to expect. After all, the family group is our unit and our prototype, and we constantly revert back to it.

The board should meet once a month at least, and the attendance of the voluntary workers should be as faithful as possible. In charitable organizations this will of course be variable. Very many things will react upon the attendance of the meeting. The community itself will influence it; the customs, habits, training and experience of the people themselves, the character, progress of the work and the workers, public opinion, the status of the society in the community, besides many vague and subtle conditions, impossible to enumerate, will effect the attendance. If the intra-advisory corps is large and phlegmatic the active members will feel that retarding influence. Thus no rules of practice can be formulated.

The executive committee, however, must be living and active. There can be no laggards there. It can be frequently reorganized without danger, although possibly not without heart throbs. It is the soul of the organization if there can be said to be one. It should meet often, once at least, or possibly twice a month, according to the efficiency of the superintendent or executive officer. I

am inclined to believe that under certain circumstances the superintendent should be a member of the board. Yet I am quite sure that a circular letter to many organizations, would give a negative answer to this. The chief objection is of course that the policy of the superintendent must frequently come under discussion. This is a valid objection. In a large organization conducted on general business lines the superintendent should, perhaps, not be a member of the board, but frequently meet with it, but a small compact society could advantageously have its executive officer intimately bound up with it as a member of its important boards and important committees. But here again the personality of the superintendent would probably decide the matter. Both methods are in operation and I cannot see that any definite ruling could be made that would adequately cover all cases.

Now that public health nurses are grouped in several departments of the municipal welfare service as schools, public health, tuberculosis, the question arises as to their relation to each other, and to the visiting nurse associations, as they formerly existed, and also what should be the attitude of the directors of the nurses' societies to the public. The object of the public health nurse is to enlighten and protect the public. She instructs guides, nurses and befriends those under her charge. Thus while she is the voice of her department to the individual, and the one who actually works out the aim and desires of the municipality, she will be a better nurse and a more efficient agent if under the supervision, guidance and discipline of a private board of directors whose purpose has been to train and direct nurses. All public health nurses should, therefore, belong to an organized nurses' association. By this I do not mean a union or anything of that kind, but a private organization with a directing board such as we have been discussing. They would then have the power and sympathy which numbers bring to any group of people. The

directors should bring the nurses together as often as possible for mutual interest, instruction and entertainment. The board should consider such questions as preservation and elevation of the nurse in the community, it should support the dignity of the nurse, protect her, be her sponsor. The more powerful and active the board the stronger the position of the nurse will be. Since she is a paid helper and dependent someone must stand for her. To allow her to follow an individual course without some conscientious organization to sustain her is to invite irregularities at least. The more adequate each nurse is to the obligations placed upon her the stronger all the others will be; combination under an enlightened body of men and women will bring more surely an *esprit du corps*. But if there is no body, there is no *esprit*. I can foresee difficulties in bringing about such a union, and also can now foresee driftings away from it. Since there is no true order of nurses this plan must evolve, of course, from the nurses themselves.

Such a board of directors would assume the obligations of selecting the proper persons to fill municipal positions. In some places such boards double the vacations, with pay, of the municipality. They lend their influence to form nurses' clubs and homes, and as the strength of the association develops they should be able to give more privileges to the nurse in consideration of her loyalty to them. They should aim to establish a sick benefit or insurance fund among the nurses. Such a mutual aid society is of the utmost importance. It is not necessary to dwell upon it here, but a board should attempt to interest the nurses in it and also to try to establish a permanent fund for it from its own treasury. The beneficiaries should of course pay a membership fee, and have a voluntary membership, but should not, I believe, be compelled to join it through a deduction of the fee from their salaries. There are numerous models for such mutualities in all classes of operatives and in many societies, and a plan is very easily devised, but the ac-

curate and satisfactory administration of it is more difficult. In fact the public health nurse association should become an order with few rules and limited tenure.

In order to maintain the policy of the society a certain proportion of the members of the board should hold over every year, say a third or a fifth of the whole number. Otherwise a totally new board would from caution, misunderstanding and unfamiliarity with the previous methods become at once ultra-reactionary. In order to widen the influence of the society and infuse new life it is a good plan to insist on the lapsing of a year before a member, whose term has expired, can be re-elected. Unfortunately a useful or enthusiastic member is sometimes lost by this plan. It has its disadvantages and works better in large societies than in small ones and has not a universal application. There are many innovations a board can introduce and many regulations for government which cannot be touched upon here, that have more or less limited application.

To the general public is due the confidence which the public itself shows by its generous support. The annual meeting, which the rules of the corporation usually demand, should be an open meeting, to which the public are invited. At that time the society should show freely what it has done, outline its general policy and define its purpose. While it is the duty and aim of the municipality to care for its poor and afflicted it can not do that well under our system of government unaided. We have not civic universities who have time, organization or means to solve this question. Voluntary societies must continue to blaze the way and make the path easy. They must continue to be the pioneers in many philanthropic movements in many places. As soon as the city takes up the work adequately then the societies can direct their energies in other channels. Boards of Directors of Public Health Nursing must continue to regard themselves as leaders in the art of public nursing, and in their own immediate sphere introduce new plans,

new systems, whereby the nurse will gradually grow in efficiency and the people be more easily reached and the suffering of the poor even more quickly relieved.

Advisory Councils or Boards have not been successful, except in connection with large institutions, such as our universities. With small societies they have ~~been~~ organized, reorganized and then fallen repeatedly into innocuous desuetude. Considering the possible usefulness of such board this is a misfortune. There must be a fault somewhere for the failure of a plan which seems to have so many advocates. Theoretically the idea is a good one for there is a place on an advisory board for many persons who have a general interest in the ~~pur~~poses of the society and have not the desire, time or inclinations to sit with the Board of Directors. A well organized advisory council would relieve the Board of Directors of its supernumeries and would often times save an embarrassing situation. But such boards meet so seldom, are so negligently treated by officers and ~~direc~~tors and have so little information given them, and have so little power, that they feel their uselessness and eager, active men often resign from them. To make an advisory board active it should be composed of the Board of Directors or an influential part of it and those whom the directors wish to have co-operate with them. Unless active working members of the society are on this advisory council there will be no life to it. The objection of this is that an independent body of advisors is wanted; one that will view the affairs of the society from a new standpoint. This might be a trueism if the second board had vitality. Even admitting this objection it will be necessary to infuse some of the leaven of the working force into it in some way. I do not like to see these advisory boards vanish for that cannot be a fiction for which there is a reasonable demand; since there is a demand some way should be devised to keep them alive.

It is said that as a nation we are very competent in

organization, but that we fail in detail. I think that this is true. We have not the painstaking care and patience to work out carefully our ideas. We make new constitutions and plan new devices and see one after the other fail. I belong to one society that has been much injured by its new code of rules although they were made to imitate what was supposed to be an excellent pattern. If you would have an efficient organization, you must develop its purpose with infinite pains even though your model is perfect. No amount of organization will substitute the working out of detail with consequential and conscientious effort.

Our Executive Officers*

MARY S. GARDNER, R. N.

The duties of an executive officer in a Visiting Nurse Association divide themselves naturally into four parts: her responsibility toward the board of managers for whom she acts; her responsibility toward the nurses whose well-being and efficiency lie largely in her hands; her responsibility toward the patients for whom the whole organism is principally existent; and her responsibility toward the community at large which has the right to expect of her interest, cooperation and help at all times.

The value of a superintendent lies in the skill with which she blends and fulfills these obligations, allowing no one of them to be met at the expense of the others, but maintaining the desirable balance which will strengthen all.

I will tax your patience to the extent of asking you to allow me to spend a few moments on each one of these responsibilities.

First, Her Responsibility Toward the Board of Managers.—This, I think, is a weak point in many otherwise excellent superintendents and it is not surprising that it should be so, because usually there has been very little in her previous training to fit her for just this duty.

She is apt to err in one of two exactly opposite directions—either she underrates the importance of a board of "merely lay" people, taking as a standard of value the things which she herself as a professional woman knows better than they; or she allows herself to become a mere servant of the board, failing to place at their disposal the knowledge which she possesses in fuller degree than they.

The nurse who is inclined to the former tendency should never forget that she is transitory while her board is permanent, not, of course, as regards individual membership, but as a governing body.

*Paper read at Annual Meeting.

Let her value at its true worth the point of view of men and women who are, perhaps, authorities on other subjects, and who from the very fact of their removal from the problem bring to it a freshness of vision which may be denied the harrassed nurse hot with the desire for immediate results.

Above all let her not blame her board for a lack of interest, for if such a lack exists, nine times out of ten it is because she has been unsuccessful in generating it. Why should a body of men and women feel a burning enthusiasm for the care of the chronic patient living in poverty, or the welfare of the tenement baby, unless they have been made to feel their existence as vital realities?

The superintendent of nurses should, I think, be relieved of all financial responsibility, but in insisting that this heavy burden remain entirely in the hands of the directors, she should expect to supply the fuel which will keep alight a glowing fire of enthusiasm, making each and every director feel a personal conviction of the necessity of the work.

Nothing in the world is so unsuccessful as the half-hearted advocate of a cause, let us at least see to it that if our managers are doomed to collect funds they should get from us the only thing which redeems this mournful task—the intimate knowledge of the *result* gained by their toil.

Let us turn now to the superintendent who conscientiously does her work, exacts a high standard of efficiency from her nurses, and is so obviously doing her duty that it is a constant surprise to her directors that the work does not grow under her.

To this type of superintendent the manager's meetings are looked upon as a necessary but unfortunate interruption to more important work, and her contribution to them consists in a conscientiously exact, but deadly dull, ennumeration of statistics, and the gloomy statement that everyone is overworked, or that the Board of Health is very trying.

The decisions of the board, founded on the insufficient information furnished by her very self, are accepted as the unchangeable fiats of the gods.

Is it surprising that to this superintendent the board of managers inevitably comes to be looked upon as "they?" The spirit of slight antagonism, no matter how carefully concealed, is frightfully contagious and can extend to the whole staff of nurses.

If the executive officer or superintendent of a Visiting Nurse Association has any duties at all, she has the vital one of making clear to her board of managers the point of view of her nurses, and to the nurses the point of view of the board of managers. Just insofar as she succeeds in this interpretation of each to the other, will the organization be able to gain the strength of one united body.

To sum up—I think a board should expect of its superintendent an intelligent effort to understand its point of view; a fearless statement of the nurses' needs and requirements; and a report of the work which will put them in intimate touch with all that is necessary in the way of general tendencies and detail, and which will stimulate interest and arouse enthusiasm.

In order that these things may be done, the superintendent should be present at the greater part of all meetings and these meetings should be held with a regularity which will enable her to count on support and council.

We realize that all boards are not perfect and to some may even be applied that vaguely disquieting term "difficult," but I leave to one of themselves any enumeration of their sins of omission and commission, and urge that we, as superintendents, recognize the wonderfully fine work they are doing all over the country, and try to fit ourselves to more thoroughly strengthen their hands.

Second, Her Responsibility Toward the Nurses—This responsibility is more tangible and simple than the last and therefore, somewhat easier to meet.

We want two things, an efficient, well-trained body of nurses doing good work; we also want a healthy, happy band of women, whose self-development is being helped and fostered in every way.

King Henry the Eighth, made a most apt, if inelegant

statement, as to the impossibility of making a silk purse out of undesirable material, and a superintendent will find that she has a great deal in common with that much-married monarch, unless by hook or by crook she can manage to attract to her organization nurses of a certain fine calibre.

Her best efforts should be spent in their selection and trying out during the probation period, and this duty should not be given over to anyone else.

A good superintendent early learns to delegate both responsibility and actual work, and to spend the time thus saved in the selection and training of the people to whom this responsibility and work is delegated.

No association should be allowed to become a one-man organization, for the best meaning superintendent is but human and may die, or go away, or even conceivably marry; nor should she allow those working under her to become stunted by living in the shadow of her, perhaps, superior ability.

It seems trite to say that she should study the individual nurse, giving to each as long a tether for individuality of method as is compatible with certain fundamentals, but it is wonderful how easy it is to fall into the danger of becoming a benevolent despot.

It is not till the removal of such a superintendent, when her excellently trained nurses are left standing helplessly about, that the flaws in the methods of training of the lost and mourned Miss Blank become apparent.

I suppose all superintendents are embarrassed and bothered by receiving credit that belongs to other nurses working in inconspicuous positions under her.

It requires constant watchfulness and care to see that the board of managers, and those outside of the organization, learn to know the nurses by name, and recognize the particular value of each.

Teas and "parties" where directors and nurses meet together, help with this, for the nurse who is no longer a disembodied spirit has a clearer outline.

Again it seems trite to speak of the nurses' health, but

unless the whole spirit of the association is firmly set against overwork, the best intentioned superintendent has a weary time trying to keep her nurses in good condition.

Here, again, individualization is necessary. One nurse can work happily and healthfully for eleven months of the year. Another, equally valuable, must have a winter rest as well as a month of summer vacation. Shall we say that we have no place for number two because of this?

One nurse has colds and bad throats in the winter. Another wilts pitifully in the summer heat. Shall we arrange our vacations with no reference to these facts?

Miss White is made nervous and uncomfortable by Miss Black, but works joyfully with Miss Brown. Cannot this inevitable fact be considered in arranging positions? for the happy nurse has double the chance of being the well nurse.

Above all let the office or nurses' home be a happy, cheerful place which the nurses may look upon as a haven of refuge from the storms without, and let no one be afraid of real fun and jolliness, I believe it is time for people to die when they lose their sense of humor.

And the superintendent who has done all these things—who has secured for her nurses opportunities of self-development and the recognition that rightfully belongs to them, who has kept a careful eye on their health and tried to make their working conditions as happy as possible, has not done all or even the most important thing.

I speak with hesitation of what I mean, for it is something God-given and not to be spoken of lightly.

It is that spirit of inspiration, the raising of all the work from the mere level of required duty up to the heights of joyous service, by which every act of every nurse may become a noble offering. It is the superintendent's high privilege to keep alive this divine fire and to see that it does not die out of any heart because of conditions which it is in her power to change.

Third, Her Responsibility Toward the Patients—This responsibility can be dismissed, I think, with a few words,

not because of its unimportance, but because of its obvious importance. If the nurses have been carefully selected and if sympathy and efficiency are constantly insisted upon as absolute requisits, the patients cannot help getting good care and attention.

Let the superintendent, however, keep herself easily accessible to patients or to the members of a patient's family to whom it may bring balm to the soul to see the "Boss herself." Let her get out into the districts sufficiently often to keep her own sympathy and enthusiasm fresh and spontaneous, and avoid the danger of guiding the nurses from the office-chair point of view.

Fourth, Her Responsibility Toward the Community at Large—In this relationship the superintendent is apt to be torn asunder because just insofar as her own work is being carried on successfully she will find herself in demand for every conceivable kind of committee and meeting and conference. She will be told at each request that her presence is absolutely necessary because that particular line of work touches her own as no other can.

She must be moderate, for all her time could easily be occupied with outside activities. Here again let her not be afraid to relegate a part of this to the other nurses: It will do them a world of good and will often be just as satisfactory.

Perhaps easy accessibility and a wide open door and mind for complainers and complaints does as much as anything to oil the wheels of administration. A cloud the size of a man's hand can easily be managed while the tempest carries everything before it.

I know a busy superintendent of a large hospital who says he has no time for compliments, but plenty of time for complaints. If every living soul with a grievance is made to feel that he has done the good deed that he really has by bringing it to headquarters, much of the petty discomfort growing out of misinformation could be avoided and the real troubles dealt with, with dignity and fair-mindedness.

Time spent in explanations is time well spent—from the hour given over to trying to make Guiseppi understand, in the simplest English, that it is highly improbable that Miss Smith, the most trustworthy nurse on the staff has stolen the quarter of a dollar which Mrs. Guiseppi is quite sure was beside the clock before her call and not there after it, to the still longer interview during which Mrs. Van Blank is allowed to give all the reasons why her special protegee is like no other patient and should therefore receive a daily evening call.

The greatest asset an association has is the good will of the community and if Guiseppi and *his* class can be made to feel that it represents honesty and helpfulness, and if Mrs. Van Blank and *her* class can understand that necessary rules do not interfere with kindness and sympathy, these hours have been spent to the best possible advantage.

This brings me to my closing theme, the last responsibility of my superintendent, her duty not to over-do.

If she is to be the right arm of her managers, taking time to prepare for their meetings; if she is to know personally her individual nurses selecting and guiding them thoughtfully; if ever she is to get out into the patients' homes at all; if she is to take some part in outside activities, and keep herself accessible to anyone to whom she may be of help, it is obvious that she must be relieved of other duties if she is to fulfill these.

Neither is it enough that all these things should be fitted into her life like the pieces of a picture puzzle. She must have time to think and time to read.

Let her, therefore, make it the rule of her life never to do herself the things that others can do as well, or even almost as well. Adequate clerical or stenographic assistance should be asked for and provided as soon as the growth of the association makes it necessary, and, except in the small organizations, the detail of supplies, records etc., should be entirely out of the hands of the chief executive.

She should go to the office every morning as nearly as possible without a single routine duty on her mind, or the

more important things will be left undone because the merely necessary ones have to be attended to.

If she can do her work successfully with one month's vacation well and good. Few can, owing to the character of the work. If she becomes fagged and discouraged by the multiplicity of responsibilities, her association will buy back her enthusiasm and courage cheaply with a few days' leave of absence as often as her particular physical and nervous makeup require it.

My last remarks I do not address to the managers, but to the superintendent herself.

Let her weigh well the various demands upon her, choosing wisely to which she shall respond, and in weighing, let no shortsighted spirit of self-sacrifice cause her to use herself up in the earlier years of her usefulness, so that in these most valuable years which come later in life she is unable to answer "here" when the call comes for her sorely needed services.

The writing of this paper has been a chastening task, and I feel as if I could appreciate, as never before, the feelings of the preacher who each week is obliged to exhort his congregation to do and be the things which he knows, and they know, he has never, in the faintest degree, succeeded in doing and being himself.

Public Health Nursing, Its Place in the Public Health Movement*

ADA M. WHYTE

As yet there has been no public health movement in which nursing has not played some part, and often a very prominent one. In all the various health campaigns we find nurses acting as supervisors or instructors, if not rendering actual nursing service. Now that the public is awakening to the fact that the keeping of the people well is just as important, if not more important, than getting them well, numerous fields are opening up to nurses.

And why is the public turning to the trained nurse to take so large a part in this movement? Because, I believe, of the splendid work done in the past in different parts of the country by district nurses. Before the time of public health campaigns, district nurses were doing public health work. In the rural districts they have had again and again to arouse the local boards of health to their duty as protectors of the people. And they have spent many a weary hour trying to persuade the Selectmen and Overseers of the Poor that they too, have a responsibility in protecting the health of the community.

It was the district nurse who proved to the Board of Education in the city of New York the importance of public health nursing in the schools. The work is not merely the detection of disease, but also the careful supervision and treatment which often makes it possible for the child to continue in school. And with most of these children each day is very precious, owing to the limited number of their school days. Then there is the teaching of personal hygiene to many who would get it in no other way. For instance, consider the number of children who learn the proper care of the teeth. We all know the effect of this on the general

*Paper read at Annual Meeting.

health. There is the detecting of physical defects which if cared for in the child assures good results. Surely the keeping of our little citizens physically fit to receive the great gift of the State—Education—is largely accomplished by public health nursing.

In the tuberculosis work we find nurses supervising, instructing, and giving care. It is the nursing in the home that has prevented many victims of this scourge from being banished to some health resort to die of tuberculosis, and that pathetic complication homesickness. One day on visiting a tuberculosis camp near Boston I came upon a little Italian girl curled up in a steamer chair. I remarked what a beautiful place they had. "Do you like it?" she asked. And I assured her that I did.

"Would you like to come here if you were like me?" she inquired; and I answered, "I surely would."

"No you wouldn't," she replied shaking her little head. "You wouldn't want to come if you had to."

Authorities tell us this fight against tuberculosis has only just begun. That a long road stretches out before us, full of hardships and discouragement. Then we must not forsake this work because of the newer fields.

In no public health movement has nursing had a more active part than in infant mortality. Not only is a great deal of time given to nursing sick babies, which is really the least effective part, but also to tramping through tenements to find the well babies and to instruct the mothers as to their care and feeding. Then comes the searching for the homes where little lives are only yet a promise, this to be followed by teaching these expectant mothers how to care for themselves and prepare for the new comers.

There is the valuable work done through the milk stations. Breast feeding is insisted upon wherever it is possible. Clean milk is sold at a reasonable rate and methods of modification and how to keep this milk clean are taught. In regard to modification of milk, in some places it is thought that the teaching of home modification is out of the ques-

tion. It has been successful done in New York city. And if it can be done there surely it can be done anywhere.

In both the tuberculosis and infant mortality work instruction has its value; but the real success of the instruction depends upon the extent to which it is carried out in the homes. In the majority of cases there must be practical demonstrations or instructions go for naught. If we ever accomplish much in public health work it must be by teaching the people how to care for themselves and their children.

It is not necessary to dwell on the value of Red Cross nursing and its relation to public health. Owing to the recent floods in Ohio their work is still fresh in our minds. Not only do they care for the sick but they help fight the diseases which follow so closely in the path of all such disasters. I wish those nurses could know how proud their profession is of them and the work they do.

Then comes the introduction of public health nursing into the factories and stores. The work of proving to employers that to safeguard the lives and health of their employees is not only philanthropic but economic.

A friend told me that, before leaving her home in Ireland an old lawyer said to her that the industrial family in America lives just six weeks from the poor house. If this be true, then the number of weeks can best be increased by teaching these people how to care for their health.

It is said, we are standing on the threshold of a great change in the practice of medicine. That private practicing is decreasing as municipal control of health is increasing. Many of us hope and believe that public health will be placed on the same basis as public education, when to receive free medical service will no longer be a charity. If this be true, who can foretell the limits of public health nursing?

Sanitarians are urging nurses to take special courses and become factory, food and tenement house inspectors. They say that a nurse's training furnishes a splendid background for these special branches. Many institutions are

opening up medical-social departments and asking for the nurse with a social training. While there are a number of nurses already engaged in this work the demand is constantly increasing.

The limitation of public health nursing is in the hands of the nurses themselves. We must be prepared to take these new responsibilities which the public is calling on us to assume.

Another function of public health nursing is the opportunity of gathering statistics. Nurses have been slow to appreciate that knowledge which they have considered commonplace is largely sought for by statisticians. As public health nursing advances this is bound to become a very important feature of the work.

Nurses engaged in public health nursing should know the policy of every agency for public welfare in their community, and should ask of these agencies only those things they are prepared to do. In our large cities when we come upon a problem that extends beyond that of health it is not difficult to put the case in touch with the society which can best care for it. But with the nurse in the rural district it is very different. There are often no organizations for public welfare and it is difficult to find people interested in social problems. Even if the nurse succeed in interesting a few of them the making of any plan falls to her. The work here of necessity takes her far beyond the health problem.

Wherever we find public welfare organizations our relation with them must be that of intelligent co-operation. We should be ever ready to help in any plan that is for public betterment; always bearing in mind, however, that we are not striving to further public health nursing, but public health.

Uniforms versus Regulated Dress*

CAROLINE B. WILKS.

The question of uniform vs. regulated dress has been much discussed, and because of the strength of the arguments offered on both sides, is still undecided. In fact, I think we are not, as a whole, quite clear as to just where the dividing line is to be drawn between the two. In using these terms I shall consider that "regulated dress" applies to all degrees of regulation from the least to the greatest, drawing the line at which we apply the term of uniform at the point at which every least detail of the dress, coat, hat, etc., is according to regulation. Regulated dress might be fitly applied, I think, to the one extreme in which the rules might say the nurse shall wear a plain tailored suit, shirtwaist of wash material and a simple hat. It might be applied equally fitly to the results obtained by rules which would limit the nurse's choice to a wash dress, perhaps of a certain shade, simple collar and tie, plain coat, perhaps with color again prescribed and such a hat as a sailor or panama in summer and similar style for winter.

I think the term "uniform" should be used only when every nurse in the organization wears a dress of the same material, made in the same way, a certain style of collar and tie, a coat of the same material, cut in the same style, and hats equally alike so that every detail, even to the buttons on the waist, is the same. Such a uniform should not be permitted to be diversified by one nurse wearing a fancy veil, another velvet shoes, a third very fancy conspicuous hat pins or combs gaudy with rhinestones.

Having expressed my idea of the distinction between the two terms I now state my position by saying

*Paper read at Annual Meeting.

that I believe most strongly in a uniform, qualifying that statement at once, however, by adding that I believe the uniform should possess certain characteristics. That is, the dress should be, I think, practicable and technically suitable as the working dress of a nurse—in other words, of washable material, simply made. The whole uniform—hat, coat and dress—should be neat and trim and pretty so as to be attractive both to patient and to nurse. It should follow the prevailing fashion in a general way as much as possible in order not to attract attention by any oddity of appearance. This can be done quite easily too, although fashions do change so much, by choosing in the first place styles which are not extreme and by modifying them from time to time as occasion demands. A nurse dressed after this fashion is known by her uniform to her patients and to the residents of the district into which she goes and yet she can go into a store or restaurant and not attract the attention of the casual passer-by. This seems to me preferable to being made obviously noticeable to everybody by adding to the uniform very distinguishing marks as crosses on the sleeves, veils, bonnets, etc. That is, I think it is preferable for the nurse to wear a uniform which is such that any person might wear suitably any part of it in ordinary daily life, and that the term 'uniform' should be applied to it simply because every nurse in any one organization carries out in her dress conformity to a certain combination of prescribed details.

I should like first to consider the arguments in favor of a uniform from the standpoint of the nurse. I think one can hardly assume the uniform of a nursing organization without at once being possessed with that most comfortable feeling of "belonging." She realizes at once that she is a part of the great public health movement, going on all over the country, and is intimately associated with the vital questions of the day. She feels that she is not one lone nurse working out her own problems and fighting her own battles, but that she is one of sev-

eral, or many, in her organization, meeting the same difficulties, experiencing the same discouragements, but not being overwhelmed by them because it is not a forlorn or solitary struggle. Each, with the help of the others, is making the work grow and sharing in the progress of the group. Back of them all is the organization which not only prescribes the details of the uniform but determines the policy and sets the standard of the work. The nurse knows she would not be wearing the uniform if she did not measure up to these standards. So is her uniform, and what it represents, a constant stimulus to her to keep up to the mark. It is the isolated nurse who appreciates most keenly the ease with which she can become narrow and stagnant, and let enthusiasm and ideals die when the stress of the work wearies her and association with other nurses is infrequent.

The uniform adds dignity and carries authority with it just as the uniform of any official does. How often a substitute nurse comes back with the report that Mrs. X was feeling very comfortable and didn't care to have much done. The next day, perhaps, the regular uniformed nurse goes to find out what change has affected this patient's wants, which are usually many. Mrs. X says: "A strange nurse came yesterday. She wasn't dressed like you. She was nice and pleasant and willing enough to do for me but I didn't let her do much. Of course I didn't want to hurt her feelings any, but I thought I'd wait for the regular nurse."

The uniform is an explanation in itself. The nurse in uniform going to the house where illness is present does not have to explain who she is, where she is from, or why she comes. Her uniform does all this for her at once and usually assures a welcome for her.

Moreover it is a great protection. The value of this cannot be overestimated at least in the large city with its mixed population. The nurse has, in order to reach patients in great need of her, to go into localities and

houses of such reputation that she might well hesitate to enter them dressed in ordinary street clothes. We hear occasionally of social or church workers meeting with most unpleasant or even dangerous experiences, but we hear practically never of a nurse being placed in these most unfortunate positions. How often a man intoxicated to the point of losing any respect he may ever have had for a woman, will take off his hat in maudlin politeness and respect to the woman in the uniform of a nurse. Less important, but of great help, is the ready courtesy and assistance especially commanded by the nurse from policemen, postmen, street car conductors and other to whom she frequently goes for information about localities and people unfamiliar to her.

The financial viewpoint is also to be considered. The public health nurse is bound to be hard on her clothes from the nature of her work and her frequent exposure to bad weather. The nurse who wears the simple, washable uniform can repair damages and keep herself presentable at the smallest expense. Moreover, the washable uniform measures up to the ideas of hygiene learned in her hospital days. If the uniform is attractive one great bugbear is laid low. No woman wants to present a queer, out-of-date appearance. So we can hardly blame a nurse for objecting to a uniform if its oddity at once attracts unpleasant comment. Down in our hearts, too, I think we are quite likely to feel that the organization which dresses its nurses in an old-fashioned uniform is perhaps somewhat old-fashioned in its methods and standards.

Not so many years ago it was thought quite generally that any one could be a district nurse no matter how unsuccessful in any other branch of the profession. Now, however, public health nursing is on quite a different plane, with its standards still rising. Therefore, a public health nurse now has every reason to feel that her uniform is a proof of good professional standing.

To the patient the appearance of a nurse in uniform should mean that he is to be cared for by a reliable nurse whose standards are known to the community even if that individual nurse is not known in that locality. If he has had a nurse in similar uniform before he feels acquainted and friendly with her immediately. Especially if he is a foreign-born patient, with little or no English, he is like the child in the hospital, who, after the first strangeness is over, is friends with anyone who wears the uniform. Even a baby notices the cap, bib and apron and know all who wear them as friends. If the patient has had no nurse before, then we leave it to this first nurse to inspire in him a sense of trust and friendliness for herself and for all successors who wear the uniform.

We hear strong arguments, especially from the tuberculosis nurses, that a uniform does not assure them of a welcome, but that, on the contrary, they are unwelcome unless in street clothes. Less frequently we hear objections to the uniformed public health nurse on the ground that the uniform suggests "charity nursing." Just so rapidly as the mistaken idea of the charity nurse dies out and the public learns that public health nursing is the right of all, and is a perfectly independent thing, which each person pays for according to his means, just so rapidly will the association of charity, with its uniformed public health nurse, die out. In Boston, in order to help bury that idea more quickly, the uniform was changed from that worn at the time when practically all the work of the district nurses was a free service.

As to the tuberculosis nurse, if she should wear the same uniform as that of the other public health nurses, this would tend to obviate the objection of the patient who does not wish his neighbors to know that he is being visited by a tuberculosis nurse. It would seem also as if the growing tendency to talk of tuber-

culosis quite openly, as a result of the educative and preventive work of the anti-tuberculosis societies, might make the patient gradually feel much less sensitive about the visits of this special nurse. Moreover, with the present general knowledge of tuberculosis and its symptoms, what patient who needs a tuberculosis nurse, can hope to keep her diagnosis a secret from all the other inmates of the house. Even if the tuberculosis nurse is primarily an educator, and needs to do little bedside nursing, still it seems to me that a uniform of washable material is preferable. I think it is a questionable policy for anyone who visits much in homes where disease is present, and sanitary conditions are absent, to wear a wool dress in her visits from house to house.

To the public the uniform should mean standardization and organization. It should represent certain standards of nursing. The careful attention paid to even the smallest detail of the uniform should be suggestive of the equally careful attention paid to the more important details—the details of the nursing service as vouched for by the organization. It should indicate that any nurse wearing the uniform possesses certain qualifications as to training and ability. Consequently, if the work done by any one nurse is not up to the established standard, the public has a right to feel that it is a mistake, and that their proper course is to present the facts as they know them to the organization behind the nurse. Organizations standing for business-like methods on the part of the association would mean immediate investigation, report and remedial measures if necessary. A public health nursing organization cannot hope for co-operation from the public unless it establishes certain perfectly good standards and lives up to them in every detail.

A Plea for Good Records*

Written for Julia C. Stimson by Leila R. Albright, volunteer worker in the Social Service Department of the St. Louis Children's Hospital, Washington University Hospital, St. Louis, Mo.

Friends, visiting nurses, social workers, welfare secretaries, all of you people whose business is the alleviation of other people's trouble caused by the conditions under which they live—lend me your ears! Do you believe in records? I do not mean a sort of a record, which you keep after a fashion for your momentary convenience or because a higher authority says you must. I mean GOOD records. Do you believe that they are worth the effort? A visiting nurse who comes in after a struggle to accomplish the work of ten, physically and emotionally exhausted, and with mind full of the misery she has not had time to touch, is likely to dictate a perfunctory account of her day's work. A social worker finding her office lined with people waiting to speak to her, a pile of letters on her desk, the telephone already ringing, naturally does not record the nine calls she made the afternoon before, until she has time—and what wonder if then the facts have become pretty well muddled? She exclaims, "What difference does it make any way! they are all the same; low wages, malnutrition and bad housing, sickness and vice, infant death, child labor and inefficiency, and the rest, and then low wages again. They are all somewhere in the vicious circle, and what's the use of wasting time on their ages and religion!"

Nothing but profound conviction of the value of careful records, the cool and steady ardor of the scientist, can make an active worker conscientious and enthusiastic in this apparently unimportant part of the routine. The very nature of case work causes this to be so. The bacteriologist in the quiet of his laboratory studies the

*Paper read at Annual Meeting.

changes in his test tubes, and records, with the care and accuracy that the very place inspires, the truth that he sees. He is studying the causes of things, that we may know how to right what is wrong; and so too is the agent of a charity organization, a public health nurse, or a probation officer. But with a difference. The scientist's test tubes are not noisy or suicidal, nor do they crowd upon his attention without his bidding, and they do not live at the ends of the earth. The social worker is so overwhelmed with pressing human needs, the vastness of the field and the fewness of the laborers, that the importance of the records of "cases" recedes into the distance.

The most obvious difficulty in keeping good case records, then, is the active nature of the struggle with trouble. It seems like going off in the middle of a battle to make notes on the looks of the enemy. But it is not. Trouble is a wound, and the enemy who made the wound can not be defeated until he is found. The nurse or worker must always be thinking that her service to the patient is necessarily superficial, for behind the case is the cause, the enemy making the trouble. A good record is a help toward finding the enemy.

Another difficulty allied to the demanding nature of the work is the lack of time. Very few organizations have enough faith in records to provide for the time they require. Any thinking, dictating or writing done by the force must be done "between times." Although we all know there is no such interval. It therefore devolves upon the individual to steal time from visiting and conferring, in the belief that the report is very possibly the most vital part of the day's work.

The number of people using and developing any given set of records adds to the problem. It is discouraging to the conscientious recorder to find her carefully worded phrases followed by a confusion of rambling sentences all beginning with "I." The difference in the

training and the vision of the various members of any group is enough to cause some to rest back upon mediocre work, satisfied with less than their best because the work of others is worse.

Moreover, it is often hard to make a good case record when the items of information come gradually after much effort. Many a record is made incomplete and useless by the worker's failure to go back and fill in the facts gathered in a scattered way.

The total lack of system in the record cards used, in the way they are filed (I know of excellent records kept without thorough alphabetizing), the discouraging lack of uniformity of system of recording, even among the various organizations in the same city which frequently exchange information and refer cases—all these and many others are the reasons why in case work good records are rarely kept.

But greatest of all reasons is the tendency among all workers in the ranks to undervalue what seems on the face of it only stupid clerical labor. It is natural that it should seem so. The untrained worker with a narrow view of her work, the kind who would almost prefer that a patient's problem remain unsolved rather than that another organization should succeed where hers had failed, does not see outside of her office or beyond her own petty use of the records, and says that she carries them in her head, or that "everybody knows about that family anyway!" People with a bigger horizon, on the other hand, are overcome, as has been suggested before, by the greatness of the forces envolved and by the smallness of each case in the vast whole. Yet it is as bad a blunder to undervalue each tree in one's awareness of the woods as not to see the woods for the trees. All heads of groups are hindered by these two extremes among their helpers.

Some say, too, that there is little immediate use in the piles of cards accumulating in the headquarters of

their organization, and that the reports that they have to give from month to month to the committee and boards to which they are responsible and upon which they must rely for financial backing, can in no wise be founded upon dry statistics (unless these are sufficiently small or large to be startling), but must be made amusing, dramatic, full of "heart interest." Except to the initiated, records are abstractions, and for some purposes concrete illustrations have to be used; one pathetic tale raises more money than a volume of figures.

In many ways, then, it is natural that the record part of the work is not highly valued and is, as a result, slighted for the more obviously valuable activities. To some of us this is a tragic fact, for the records seem more worth doing than anything else. First, to the worker himself, they serve innumerable purposes that are of the utmost importance. At the end of a month crowded with bewildering detail, even a superficial summary of recorded cases clarifies the action of the month. It shows growth and encourages right policies; many times it shows the worker that he has a policy of which he was not aware before. It shows tendencies to exaggerate in some lines of the work and to belittle other lines; by shedding light over the whole of some limited field of action, the records make obvious the worker's own moves and give him a sense of proportion. They reveal broken threads and dropped stitches, often while there is yet time to set the matter right. All sorts of surprising facts, good and bad, are shown up to the observing worker and stimulate him to find the reason why. Then, too, many a new department or agency develops from the need which is gradually made plain in the records. If case after case from a hospital orthopedic clinic, when "followed up" by the social service department, states that a child is too lame to go to school, good records will lead to an intelligent investigation of the special problem of schooling for crippled children,

and in time to municipal provision for this need. We might multiply instances of the immediate use of records in showing tendencies of the work in a special field and in proving the need of a new line of effort. On the other hand, we see that they help discover the useless agency, and the duplication of work.

We finally come to the value of good records which reaches beyond the organization by which they are made, that is, their fundamental use in research work. It ought not be necessary for the students of special problems like baby farms, newsboys' earnings, defective children, industrial diseases, to mention a few of them, to investigate individual cases. The case records of institutions already at work ought to be in such form that they could supply all the material for such studies. It is not Utopian to establish also a system of cross reference in records, which is like a growing index and has countless uses. It is here that we get the hope of the long vision. If any one has felt a sense of deep discouragement because failures are so frequent and even success so often merely palliative and temporary, there is cheer for that one in this thought, that no carefully recorded case of trouble is futile for it becomes an integral part of some underlying truth. It is only through the study of individual cases that the sources of wrong are discovered, and it is the vast sweeping changes effected by such discovery that constitute the hope of the world's betterment. This is a great age in which we live; it has dawned upon the world's intelligence that the healing of the sick and the relief of the burdened is to the interest of us all. Chambers of Commerce, industrial and mercantile corporations, are now all in the social service business, not to be fashionable, but because they see that no man's trouble lives unto itself, and that the interests of all human beings are bound up together. Thus the whole civilized world has become a laboratory of social knowledge. In this great laboratory every good record of case work is like a test tube, in which causes and

effects are apparent to the scientist, and even though we ourselves have not the wisdom to interpret the facts, the dullest of us may contribute facts in a usable form. The nurse whose devoted service gains the undying gratitude of her patient and applause of her superiors—verily has her reward. But to those who are able to see in the silent, ungrateful work of writing up records, the vision of great truth and lasting good one day to be founded by some greater mind upon these quiet facts—to those come the most profound of inner satisfactions. Such thought bring down upon the grayness of routine work, the light of a larger faith.

Try to make your records better! And train your assistants as carefully in this respect as in any other. Look beyond your own work and think of the use your records may be in other work. Let some of your interest go to observing others' methods, study to find the best system. Then labor for great uniformity, so that on all records there may be the essential facts, besides those particularly useful in your special department.

Have a conscience in the matter and do not slight this for more attractive work. Do not misrepresent, no matter with what worthy motive. Do not omit failures or "deadwood" cases that never amounted to much; negatives are valuable. Do not exaggerate to make your figures support a special plea. In other words, have your records as far as possible tell the truth.

Finally, hold to the larger faith. Every worker is accumulating a mass of facts, which may be too confused and incomplete to be workable or so inaccurate and misleading as to be worse than useless; but if you think it worth while you may make each one of yours a usable, reliable bit of knowledge, ready for a possible part in greater things.

School Nursing in Cleveland*

MISS STANLEY

While the subject of my paper is School Nursing in Cleveland, I beg to be allowed to take a few minutes to speak on the work in general, and to unburden my mind of some of the problems ever confronting us in this big field of public health nursing.

I think it must be a source of great satisfaction to those who have watched the marvelous progress of this special field in nursing since its beginning in this country a little over ten years ago. There is no doubt that the school nurse has demonstrated her usefulness to a high degree.

Up to the present time the main efforts of the school nurse have been directed to correctional methods, and little or no emphasis laid on the preventive side through education, until now we come to realize that this indirect influence is the most far reaching in its results.

I do not believe, however, we are up for adverse criticism yet. Always with an inadequate supply of nurses and an overwhelming number of major physical defects glaring at us, I wonder could we have done differently?

But now that the time is at hand when we must assume this added responsibility, how well are we prepared to do it? If nurses were trained to teach as well as care for the sick we would not be facing this situation with fear and trembling. Unless the present day curriculum of hospital training schools is changed to meet this new demand our work will continue to be one-sided.

In Cleveland, during the latter part of this school year our department was called upon to deliver a series of talks to seventh and eighth grade girls on the care of the baby. Of course we did it, and the newspapers said we did well, but the nurses got far more out of it than they were able to put into it—the experience was invaluable.

*Paper read at Annual Meeting.

To me then this is the biggest problem school nurses are facing today, and I believe, as Miss Crandall has said of the social service nurse, that if we do not take this responsibility some one else will step in and take it for us.

The school nursing as conducted in Cleveland is in general similar to the systems used in other large cities. The staff consists of a supervisor and seventeen assistants under the Board of Education. In all probability the staff will be increased to twenty-two assistants next year. All of the 89 elementary schools are covered, the number of children being approximately 70,000.

The nurse assists the medical inspector in his routine examination of pupils in addition to her own regular work. A large number of schools have well equipped dispensaries. There is an eye specialist employed by the Board to look after the indigent cases of defective vision. Each nurse has a certain number of dates assigned to her during the term when she takes her cases to him for refraction. The charges for glasses vary from 25c to \$1.25, according to circumstances of patients. If totally unable to pay, glasses are given free. The eye clinic is held in one of the centrally located public school dispensaries.

The nose and throat cases are taken care of through the various hospitals. We have access to two dental dispensaries, one is in connection with the Western Reserve University, where pupils pay for material, and the other a dental center supported by an association of dentists entirely free to deserving cases.

There are four open air classes accommodating on an average 130 children. The type of cases admitted are pupils who have been exposed to tuberculosis, mal-nutrition and anemia. They are provided with lunches twice a day, heavy outside clothing in cold weather, and reclining chairs in which they take their afternoon naps. There are four more open air schools in course of construction.

For every case referred or taken to a dispensary the nurse makes a home investigation. A special card when

properly filled out is then sent to the Associated Charities for the clearing house report, after which it is returned and filed at medical inspection headquarters.

One of our nurses performed a unique piece of work this term in investigating homes of feeble minded, under the direction of the special examiner for backward and mentally defective pupils. A few homes of the more seriously retarded children were picked out for the investigation. The object of this is to show by means of charts the appalling number of feeble-minded persons in family groups, and the urgent need for segregation.

In a family of four generations the nurse succeeded in getting reliable and accurate information on 52 relatives. Out of that number there were 24 feeble-minded individuals. The great grandmother was feeble-minded to start with. In this group there is alcoholism, prostitution, miscarriages, stillbirths and criminality.

Besides visits to homes other sources of information were studied through the Associated Charities, Humane Society, Probate Court, Bureau of Vital Statistics, physicians and ministers. The nurse gave one day a week to this field work and obtained material for five genealogical bills. They present striking pictures and show the need for the segregation of these poor unfortunates far more than statistics could. To a nurse who has made some study of the feeble minded there is a wonderful opportunity in this line of work.

The work that seemed to create the greatest interest was that of the Infant Hygiene classes. These talks covered a period of six weeks with forty-eight lessons per week. There were about 884 girls attending. I think I never saw a more serious and earnest lot of pupils. They asked the most sensible and practical questions. For instance, in our talk on common diseases among babies, one girl inquired if a large head on an infant always meant rickets. Some of the girls wrote exceedingly good papers and if they are able to apply in their homes some of the ideas we tried to convey to them, our efforts will not be wholly lost.

The week of the bath demonstration was pretty exhausting to many of us. Procuring babies for all of these lessons was a herculean task. All of the day nurseries and foundling asylums were asked to contribute. Many of the pupils themselves brought their little baby sisters for the nurses to bathe.

The assistant director of the babies' dispensary gave our staff a series of lectures bearing directly on the talks given the girls, which were most helpful. The following is an outline:

Lesson 1—How to Keep Baby Well. Causes and Preventions of High Death Rate.

Lesson 2—Growth and Development of Normal Baby.

Lesson 3—Pattern Demonstration. Each pupil cutting patterns for baby's outfit.

Lesson 4—Feeding: Natural Nursing, Artificial Feeding, Dangers of Patent Foods (charts for five lessons).

Lesson 5—Bath: Things Necessary, Preparation, How much good it does baby.

Lesson 6—Common Illness Among Babies. First home treatment in beginning intestinal of disturbances.

The Immigrant*

JOSEPH MAYPER

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The Immigrant: What does he mean to us? Before it is possible to understand how the immigrant can affect the public health of the community wherein he resides, it becomes important to know what he brings with him from his native country and how the training and traditions of years become a serious handicap in his unequal strife to succeed in a country that is so foreign to him in its form of government, its customs and its ideals. The route of the immigrant in America is filled with pitfalls for him at almost every step, which quickly result in his disillusionment and the destruction of his ideals, and which ultimately breed anarchy and criminality. From the moment the immigrant lands in New York City, or is sent to a western point directly from Ellis Island, until he settles in his own little colony, or perhaps ultimately returns to his native land there to live for the rest of his days, he is at the mercy of the exploiter and the human vulture that is waiting for its prey at every turning point of his life in this country. Our present day immigrant comes from South European countries, such as Italy, Austria-Hungary, Russia and Greece, where not a word of English is spoken, where he is accustomed to a rural life and where his political form of government and social life is based so largely on serfdom and the old feudal system of his forbears. Although of rural training he arrives here in the crowded cities to a life to which he is unaccustomed, and is immediately thrown into the mad whirlpool of our most complicated institutions and unfamiliar customs. He must take care of his baggage,

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must exchange his money, has no certain place where he can sleep, is without work and, worst of all, cannot make himself understood.

Once landed at the port of entry he must of necessity turn for help and advice to his own countrymen who have been here for some years, and thus immediately lays himself open to the abuses of the runner, porter, expressman and cabman, the private banker, immigrant lodging place keeper and labor agent, all of whom are his "friends" only so long as he still has any funds in his possession.

It seems almost incredible, and yet some of these immigrant hotel guides and runners have admitted to me that in the old and glorious days they frequently "cashed in" \$1,000 a week. The salary of such a guide runs from \$8 to \$13 per week; the balance of this large income he derived by means of brute force and through the ignorance and gullibility of the immigrant. It was a common incident three or four years ago to see two guides or runners line up twenty-five or fifty immigrants on a ferry-boat while bringing them across to a steamer or from a railroad terminal to the hotel, and make each of them pay his tribute of from 50 cents to \$5, as much as each could be made to pay. And he did pay, as he thought it was necessary to do so in order to obtain the return of his steamship or railroad ticket, or that it was in the nature of a government toll. It will not be indiscreet I trust, to say that such occurrences are rare since the creation of the New York State Bureau of Industries and Immigration about two and a half years ago, which, by the way, was the first protective state department ever created for the immigrant, and which is unique in the history of government as a bureau whose sole purpose is to protect and provide means for the welfare of the immigrant.

Once here, he must earn his living and immediately find work. With the exception of 17 States, only eight of which are east of the Mississippi, the problem of bringing the immigrant to the place where the demand exists for his particular kind of labor is still left in the hands of private agen-

cies, the large majority of whom are only interested in obtaining their fees. As a result of this governmental carelessness and theory of wasteful economy, it is a common thing to find the farmer working in a mine and the miner working on a farm, the shoemaker in a steel plant and the common pick and shovel laborer in a factory. The enormous number of men thus distributed can hardly be estimated. In New York city alone, during the past fiscal year, over 65,000 such contract laborers were sent out of the city by private employment agencies. According to the complaints on file in our office, one group of laborers were sent to West Virginia to do pick and shovel work. When they got there, they were compelled to work in water up to their waists. They had not been informed that this would be the case. A few of them, rheumatic, refused to work. But they did not have their return fare. Unable to find any other work, they were compelled to apply for assistance to the local poor house. In another instance, a laborer sent to Florida, on finding that miserable misrepresentations had been made to him, actually walked all the way back to Chicago, Ill., working at whatever he could and obtaining assistance along the way whenever no work could be found. *We do not get the right man for the right job*, and until the distribution of labor is supervised and regulated in an impersonal way, by properly constituted governmental bodies, our immigrants will continue to find themselves unable to perform the work to which they have been sent, and compelled to apply to the county supervisors of the poor for relief or return fare. Our almhouses will necessarily be filled by large groups of foreigners who have thus been thrust on a community which does not welcome nor has any particular use for them. Again, we find that our present policy of "hands off" wherever the immigrant is concerned works disastrously upon him in an economic way. Unregulated and unlicensed mushroom private bankers, who spring up over night, take the savings of these honest but ignorant workmen, and decamp after a sufficient amount

has been accumulated, leaving behind them a trail of discouragement and bitterness. One of these "bankers," whom we succeeded in putting out of business, had liabilities of almost \$1,000,000. The immigrant who is induced to invest his little savings in land enterprises through lurid advertisements that appear in the foreign language newspapers, often finds that he has purchased swamps, sand dunes and large arid tracts that cannot be cultivated and on which he cannot subsist. It is not strange that so many persons who have invested their all in these schemes come or write to the office of our bureau, their hopes crushed and bodies racked with illness due to the pestilence-breeding lands to which they have been induced to migrate. We constantly hear the slogan "send the immigrant to the land," "distribute them properly," and yet the only distribution we permit is the inhuman and disastrous distribution which is carried on by so-called "colonizers," so often found to be unscrupulous persons exploiting lands for their own ulterior purposes.

No wonder, then, that the immigrant does not want to go to the land, and does not want to settle down permanently in our rural districts. The city, sufficiently congested as it is, becomes more congested with the newly arrived immigrant on account of the compensatory privileges which the city offers to him. If he becomes sick, he has a free hospital where he may go. Sanitary inspectors, health inspectors, district nurses and social workers, are periodically making inspections of his home. He is a part of a large community which is inter-dependent—the success of one meaning the success of the other, the health of one meaning the health of the other. If a contagious disease breaks out in a crowded tenement, the entire family is immediately quarantined. The best medical attendance that our large cities can offer is given to the immigrant free of charge. It becomes necessary to do this because of the effect negligence might have on the numerous other families residing in the same vicinity. Educationally, our city evening schools, recreation centers and free lectures are constantly assisting in his assimilation.

In the small industrial centers, however, in the factory town, the labor camp and the isolated colony, he is still discriminated against in housing, sanitation, school privileges and opportunities for advancement. In these rural districts no attempt has been made to establish minimum standards of living, or to counteract the tendency to remain un-Americanized by herding in colonies. It is, therefore, not strange that the immigrant wishes to remain in our crowded cities, and will remain there until similar facilities for his health and intelligent assimilation, or as nearly similar as possible, have been devised in our rural districts.

In one small village that I recall along the Hudson River, where the wealth derived from the brick industry has created a beautiful town of almost 5,000 inhabitants, and where several banks are located as a monument to the wealth of the population, I found that over 1,000 foreigners had settled permanently. They are herded, as they are in most similar places, on the outskirts of the village, removed from every Americanizing influence, and under conditions that the village proper would not tolerate. Three or four years ago the local village government had passed resolutions installing a sewage system and compelling property owners to connect their outhouses and privies with this system. It took but a short time for the village proper, the native element, to enter into this project heart and soul—for two reasons, their own superior intelligence and the activity of the Health Officer. Within a year almost every American home in the village was connected with the sewage system. No effort, however, had been made to bring the foreign colony under this regulation, and this despite the fact that their homes were actually located within the village limits. As a result, I found that the ancient type of privy and outhouse was still being used in the foreign quarters, and that garbage, refuse, etc., was still being thrown all round the houses, although the American quarter had a regular garbage disposal system. The local Health Officer, whom I interviewed for the purpose of finding out

why the local regulations and ordinances were being enforced only through the American quarter, informed me that it was absolutely impossible for him to take any action in the enforcement of any of the health rules excepting those relating to contagious diseases and those referring to issuance of working papers. He received the munificent salary of \$100 per year, had no inspectors and no help of any kind. He is a doctor in the village and owns a drug store. All his time is spent in the drug store or in professional calls. The balance of his time he devotes to the clerical work of a health officer. His interest in his job arises simply out of the prestige attached to the position of local health officer. As such, his medical practice is necessarily on the increase. There is not the slightest interest in the real welfare of the entire community. Every small corporate village has the same problem and local authorities manifesting the same lack of interest in the health of its foreign colony.

In New York State, as in all other states having a large foreign population, where large industrial enterprises, highway building, railroad construction and big engineering projects are being carried through, hundreds and thousands of labor camps have arisen for the accomplishment of these tremendous undertakings. Here again, where almost two-thirds of the laborers are foreigners or immigrants, the health of the community is the last thing thought of by the contractor or padrone. The laborer is brought out under promises of excellent housing, proper sanitation and good wages, but on reaching his destination, without a cent in his pockets, he finds he must sleep in a barn or in an old condemned farmhouse or in a miserable overcrowded tarpapered shack, or in a vermin-ridden bunk car. It is true that his work, purely manual, is usually performed in the open air. This, of course, gives him larger powers of resistance and keeps his health in remarkably good condition during the time that he is in the camp. But such work is usually seasonal, and when the fall comes he returns to his

congested, crowded quarters in the cities—tubercular, rheumatic or seriously ill from close contact with so many of his fellow laborers, lack of proper nutrition, contaminated water supplies and the filth and dirt of the camp. Many an immigrant has come into our office with the fire and spark of ambition gone, sallow, thin and lacking the energy for further endeavor, with the request that we assist him in being deported. A physical examination has frequently shown that he suffers from tuberculosis or some disease arising from filth and exposure.

How are these intolerable conditions to be remedied? How are we to eliminate and overcome the existing discriminations against the immigrant and make the rural districts more attractive? I am not just now concerned with the immigrant in the city, where he has so many advantages over his countryman in the rural districts.

In New York State the Bureau of Industries and Immigration has attempted to solve this problem by recommending to the recent Health Commission, appointed by our Governor, the passage of a law empowering the newly created Public Health Council to inspect all labor camps, through their sanitary inspectors, and advise and create a sanitary code for the proper conduct of such places. This, it is hoped, will create more sanitary conditions in these isolated camps and communities. Again, in our cannery situation, where overcrowding exists, entire families being frequently placed in one room without the slightest privacy between the parents and children, where toilet facilities are inadequate and where stagnating pools of water, decaying vegetable matter, refuse and garbage are frequently seen immediately around the living quarters, an effort is now being made by the Bureau to create minimum sanitary requirements for such living quarters through the newly created Industrial Board of the re-organized Department of Labor. For educational purposes, a bill, backed by the Bureau, was enacted into a law this year, creating schools for children and adults in all labor camps maintained in connection with the construction of public works.

Philanthropy has a splendid opportunity in all such rural communities to do the pioneer work that is usually its share whenever anything new is started. The cities, as I said before, seem to be fairly well taken care of insofar as the immigrant's relation to the public health is concerned, but in the rural districts there is need for heroic effort on the part of philanthropy, local improvement societies and hardy pioneer nurses to arouse sufficient interest in the life of the immigrant, and to provide proper sanitation in the places where he lives.

To promote the health and more rapid assimilation of the immigrant, the New York-New Jersey Committee of the North American Civic League for Immigrants started in 1911 experiments in New York State in what is termed "domestic education." This is not the same as district nursing and the difference must be kept in mind in order to realize how peculiarly effective the domestic educator can be in an immigrant home. The district nurse is called upon to alleviate pain, to restore health and do what is possible for the comfort of one who is sick. The province of the domestic educator is to prevent the possibility of ill health, to educate the mother and children up to our standards of living, and to advise and inform them in matters of home economy. The domestic educator's task is to eliminate the disease-breeding conditions insofar as they exist within the home. Her program is preventive, while that of the nurse is restorative. True, many district nurses give advice calculated to remedy the bad conditions in the home, but it is physically impossible for her to give to this educational work the attention it deserves as it is slow work and requires constant supervision and instruction.

Experiments of this nature have been carried on by the League, with the co-operation and assistance of the Bureau, in large industrial centers of this state and in a few of our large cities, with splendid results. One educator can usually handle thirty families at a time, and it is surprising to note the change of life, the greater interest in the things

that count, and the wonderful impetus given in the assimilation of the mother, who is so often neglected in all our efforts for social betterment. In one large mining town in New York State where over 2,000 foreigners reside, the co-operation of the company operating same was obtained and a Polish domestic educator was duly employed to undertake the education of the home, in domestic science, hygiene and general home training. I visited the town immediately before the educator commenced work and three months after she had been there. Such a complete metamorphosis had taken place that one could scarcely believe that it was the same place. Whereas, before this work was started, the homes had been dirty, the children carelessly dressed and unclean and the women just as bad, I now found that almost every home carried an air of prosperity and cleanliness. As I walked with the educator through the town, she was welcomed by the housewives wherever she went, their faces lighting up with genuine joy on seeing her. One thing inaugurated by this domestic educator is of particular interest. She had organized bathing societies among the women. Only one place in the village, a semi-public hall, had three bath tubs. At the start this improvement was ridiculed by both the women and their husbands, but she persisted, and when I returned to the town three months later she informed me that the women had joined her bathing clubs so rapidly that she had to increase the number of days per week when the baths were available for them.

The creation of a Federal Public Health Bureau, not necessarily a separate department, merely some division or bureau, would regulate matters of health that are interstate in their nature—the migratory life of the immigrant making it now difficult to learn the source of any disease from which he may be suffering. With the loose co-operation and lack of authority found in our present state health departments, this work can only be carried on by a federal governmental agency.

It is of interest to note that protective bureaus or com-

missions on immigration, based on the New York State Bureau, are now being created by other states. We now have a permanent Commission on Immigration in California, temporary commissions to investigate conditions in New Jersey and Massachusetts, and considerable agitation for similar commissions in Pennsylvania and Illinois. Our federal government, however, is still hesitant and has not availed itself of its opportunities, now while the time is still ripe, to provide means for the proper assimilation of the millions of immigrants who have come to our shores in the past decade.

It is well to bear in mind that the immigrant, no matter where he is, is always a factor in the health of the community. In the labor camp he appears to deal only with his own people, but in the winter, when his work is finished, he returns to the city, to the crowded and congested quarters, carrying with him the germs of disease which he may have contracted in the camp. In the isolated industrial communities he constantly comes in contact with his fellow workers whether aliens or Americans. That the immigrant also affects the health of the city is known to any one of us who has visited his home in the congested districts.

A wonderful opportunity is extended to both government and philanthropy to take up this problem before it is too late. Our shiftless, "don't care" policy is already commencing to react in every community where the immigrant arrives. If we permit him to enter, we must take him as he is. Strong, vigorous action is necessary in promoting the health of the foreigner still imbued with his ancient ideas of health and cleanliness. This is not only necessary for him, but also for us, the natives. His life is wrapped up with our life economically, beyond a doubt, and socially more and more every day. And so, even for purely selfish reasons, the protection of his health and the improvement of his living conditions, is now a matter of vital importance, for in the last analysis it means the protection of our own health and the improvement of our own standard of living.

Less Familiar Friends From Central Europe*

HARRIETTE LELAND MULLANY, R. N.

We, as Americans, have been for years familiarizing ourselves with the different types of immigrants, chief among these the Italian and the Russian. So familiar, indeed, are we with these that should we witness a caricature of either in vaudeville he would be as quickly recognized as would be the German.

But there is another type of immigrant fast pouring into our ports who bids fair to become an important factor in our permanent population. This group is not yet so well known to most of us. They come from the south-eastern part of Europe, where they are known as the "Slav."

The first accurate data to be secured on the immigration of the Slavic people was about 1900. Calculations the following ten years show there to be from four to six millions in the United States. We are scarcely aware, perhaps, of this: first, because these people have so recently come among us, and second, because they have scattered about the country instead of being massed entirely in the large cities, thereby escaping much prominence by not coming so closely under the observation of the social worker and writer.

The Immigration Department, in its classification, recognizes 39 groups, 8 of which are Slavs, wh'ch in numerical importance are as follows: (1) Polish, (2) Slavak, (3) Croatian and Slovenian, (4) Ruthenian and Russneak, (5) Bohemian and Moravian, (6) Bulgarian, Servian and Montenegrian, (7) Russian, (8) Dalmatian and Rosnian.

To Americans it is something of a puzzle to distinguish these national groups one from another, yet there

*Paper read at Annual Meeting.

is a very clear distinction noted in difference of speech, customs, and religion. In all of the Slavic communities through the country may be found different churches, societies, newspapers and social standards. One great difficulty which the nurse and social worker encounters in dealing successfully with these people is their lack of ability to speak our language. Their own tongue being very difficult for us to master makes it impossible to acquire a vocabulary sufficient to converse with them. Even many of the children do not learn the English language quickly because they are not sent to our public schools. Every community has its parochial school; if it be a Polish settlement the central point of interest is the Polish church and school, where the children have no chance to learn any but their own language. This is a serious drawback to their American education.

Considerable animosity is felt between certain groups of Slavs. For instance, the Bohemian has no time to waste upon the Pole, likewise the Pole upon the Russian. These antipathies are the result of years of national difficulties in their own country, and in view of these facts those of different nationalities should be dealt with individually rather than as a whole, and to go among these people seeking to understand their traditions and mode of life is an interesting study.

The American who has no opportunity for more than a glance into the lives of these more recent immigrants is likely to be intolerant of them as fellow-citizens. We are inclined to forget that we are viewing a process of Americanization, and if we observe carefully, must realize that the process is a very rapid one indeed, for once established in this country their wants expand to an amazing degree.

An American minister in a mining district is quoted as saying: "They become Americanized quicker than any element. In a few months they lose all marks except physical ones. They begin as day laborers. First, a man

gets himself a tailor made suit of good style; then he gets a trunk to lock up this and his money in; then he buys a watch. As soon as he gets confidence he begins to deposit money."

Emily Greene Balch, who has made an extensive study of the Slav, says: "The intending immigrant often buys and puts on for the first time European clothes as a preparation for his journey. Few of those who wear a peasant costume at home arrive in it at Ellis Island. They leave their beautiful embroidered garments behind, carefully instructed to do so by their friends in America. Often they purposely buy few and cheap things in Europe, waiting to fit themselves out to better advantage in America."

To the woman the hat has a symbolical value and is not so quickly adopted in America by the first generation immigrant, who usually clings to her highly colored kerchief worn about the head. In her own country no woman below the middle class would wear a hat no matter how well off. But looking at a group of Slavic girls one is struck with the seeming importance of the hat, the decorations being in abundance and brilliant in color. The home shows the same love of brilliancy and variety. The parlor (if the family is able to boast of one) is filled to overflowing with decorations. Cheap tables are covered with home-made crocheted lace upon which are highly colored paper flowers also made in the home, showing the industry of the Slavic woman who, in turn, teaches her own little girls this same hand-work.

As the cause of Americanization progresses in the home, the germ-laden carpet finds its place. Also much cheap bric-a-brac, which if not altogether to be approved, may be interpreted as progressive and hopeful.

The Slav is a lover of music and there is scarcely a home where one will not find evidences of it. It is not at all a rare picture to see a man, when home from his day's work, playing on his accordion much to his own pleasure

and that of his family, and often surrounded by a group of admiring and music loving neighbors.

Upon arriving in this country, if the destination be a large city, the family immediately seeks its home in a quarter given over largely to those of the same nationality. Then work is begun in earnest. Every bit of earning capacity is turned to account. Not only the head of the household begins work in shop or factory, but the wife contributes to the family income by taking work into the home (for the Slavic man is not at all averse to his wife working).

Perhaps a nearby tailor-shop may give her coats to finish, at shockingly low pay to be sure, but are they not dreaming of the house they hope to own some day? and every penny counts when such an undertaking is planned. The older children do their share by caring for the younger ones, and often are instructed to pull bastings from the coats over which the mother toils. From earliest youth they must assume responsibility and most of these little ones are amazingly well informed in the financial management of the household, being able to tell just what rent is paid, the amount to be given the insurance man each week, and often are well posted as to the cost of staples obtained from the corner grocery.

The manner in which the poorest class Slav lives in regard to housing and overcrowding is no doubt the most-to-be-regretted feature of their lives in America, and one which presents the greatest problem to the nurse or welfare worker. But for this they are by no means entirely responsible. This responsibility must be placed equally at the door of low wages and disgraceful tenements. The wage will not permit of a sum adequate to the rental required for proper housing, thereby enabling them to escape the cheap unsanitary tenements. To make matters worse the family, living in quarters already too small for their own use, will crowd themselves still farther by taking roomers until every available space

is occupied. We must view the overcrowding in connection with poor ventilation, and its terrifying result upon the health of these well-meaning but unenlightened people. The windows are seldom opened. From autumn until spring the house is sealed save for the doors, which are not used for the purpose of ventilation. Many of the windows open into airshafts and through this dark damp passage the air is drawn. Sunlight may not penetrate many of the rooms, and in these surroundings mothers and children spend their days. It is not to be wondered at that tuberculosis claims many of these as its victims.

I quote Miss White in her investigation of Slavic conditions in Jersey City:

"The majority of men and women, all of whom spent their youth in their native land, were found to be strong and hardy. But the children born and reared in this country are pale and sickly looking. It is a disheartening fact that they are not profiting by the strength that is theirs by right of inheritance. Undoubtedly the confinement of these out-of-door children in unsanitary houses and worse than unsanitary back yards is the cause of their physical degeneration."

Child-bearing with these women is ever a source of amazement with the American woman. Their endurance and strength in this respect is very remarkable and numerous are the instances related in this connection. The following came under my own observation:

A Polish woman about to give birth to her eighth child prepared for the occasion with much precision by thoroughly cleaning her front rooms, bathing, and sending her children to a friend, and as evening came on called in a neighbor woman somewhat experienced in midwifery and promptly gave birth to her child. On my chance call there the following morning I found her sitting up, dressed, bathing the baby, after which she informed me, she meant to wash up the soiled clothing about the house.

The custom of these people in celebrating christen-

ings and weddings, particularly the latter, is the occasion for prolonged merry-making.

After the marriage service (which usually takes place at the church), the carriage conveying the bridal party makes its first stop at the photographer, thence to a neighborhood hall which has been rented for the occasion. Here they are greeted by a host of friends and a wedding feast ensues, followed by hours of dancing until the bride falls in sheer exhaustion, for she is in great demand and each dance is fast and furious.

Funerals are likewise the occasion of as much ceremony as the family purse will allow, or it may be more wisely said ceremony and pomp at this time are governed by the amount of insurance, for it is a very difficult matter to persuade the bereaved family, however large and poor, that any part of the insurance should necessarily be saved for future use. Consequently the services at the church are most elaborate, and the undertaker furnishes a complete and expensive outfit, including heavy nets on the horses (this being an accessory much to be desired) and with the accompaniment of a brass band the funeral cortege marches twice around the block in which the home is located, thence to the church, after which the trip to the cemetery is begun.

The characteristics herein mentioned are noted entirely among the laboring class of Slavic Americans. Among the educated and entirely Americanized Slav may be found a class of people in every way similar to our own Americans.

The question of diet with the Slavic immigrant is one which is sadly in need of adjustment. The rye bread and black coffee bill-of-fare, so common to them, is not sufficient to retain the strength of these rugged hard working people. Next in importance on their diet list comes soup, and the butcher finds it difficult to keep enough soup bones on hand to supply their demands. This, too, is not always prepared in a manner to obtain the most nourishment. Once they learn to buy the bet-

ter cuts of meat it is turned into highly seasoned stews, and they look with scorn upon the American style of preparing meat as dry and entirely lacking in flavor. This dislike of American cooking is often the cause of discontent for the Slavic immigrant who finds it necessary to enter our hospitals, and is given as one of the chief reasons for leaving before being officially dismissed.

Their lack of understanding of food values is most detrimental to the child, for without regard to age he is allowed to partake of the family meal in spite of dire results. However each year finds more and more work being done by various organizations to correct this and many other wrongs.

Of great importance in this field of work is the Public Health Nurse. Surely no one more than this very recent immigrant needs the helping hand of the nurse. She is welcomed into their homes, hesitatingly at first, for these are a suspicious people, but once her kindly motive is understood, no other worker can be of more value in teaching them, not only how to be well and keep well, but also the fundamental principles of right and wholesome living according to our own American high standards.

The Red Cross Nurses in Ohio

MARY E. GLADWIN

Chiefly because of what came after, few of us in Ohio will ever forget the steady downpour of Easter Sunday, 1913. On Monday, we at home were chiefly concerned about two things: First, our bill for the State registration of nurses was before the House, and there were no Columbus trains to be had; second, there was danger that one of the great reservoirs south of us might break. When Tuesday night came the reports from Dayton and Columbus made us forget the "bill" and the flood at home, although sixty-six buildings were destroyed and there was a property loss afterwards estimated at \$238,164.00.

After anxious telegraphing and waiting, four of us left Akron on Friday afternoon, March 27. The Big Four train with sixteen Cleveland nurses aboard waited for us forty minutes. The Cleveland Red Cross had, as they thought, reserved chairs, but we found them all taken chiefly by desperately anxious people going to look for missing relatives. We were obliged to invade the smoking car. A Plain Dealer man explained to the occupants that we were Red Cross nurse on the way to Dayton. Immediately hats came off, cigars disappeared, seats were found and many small courtesies shown us. About 1 o'clock in the morning we reached Columbus—Columbus, all dark and with no street cars visible. Two officers of the National Guard escorted two of us to the Adjutant General's office in the State House. Captain Wilson, to whom we reported, was extremely kind, sending us back to the station in taxies to take our party to the Southern Hotel for what remained of the night.

Saturday morning, we reported to Lieutenant-Colonel Hall, chief surgeon, had a few minutes chat with Mr. Bicknell, the Red Cross National Director, and a conference with Miss Jennie Tuttle, the secretary of the Columbus Committee, who had been placed in charge of the work in that place.

In the afternoon, we started for Dayton, the first part of our journey being by an automobile through the flooded district of West Columbus. In many places the receding current was very swift, there being one to two feet of water in the streets. Boats and canoes went side by side with the machine. It seemed incredible that water could have wrought such desolation. The wrecks of many little shops, the pathetic faces of women looking out from second story windows, men shoveling thick river mud from stairs and carpets, made a picture which wrung our hearts. Our railway journey was entirely after dark. We had a forlorn sort of supper in the railway restaurant at Xenia, which would have been much more appreciated had we known then that the people of Xenia had nearly starved themselves in order to send food to Dayton. As it was, our stop there was chiefly remarkable because we met a man returning from that city who assured us that there were thousands of nurses in Dayton with nothing to do except to attend balls at the National Cash Register factory.

We arrived about 9 o'clock, the train not being able to reach the station. The city was, of course, without lights and as we stepped into the darkness from the lighted train we seemed to be surrounded by armed men. They debated as to what disposition to make of us, and when told that we were to report to Mr. Edmonds, the Red Cross agent, or at General Wood's headquarters said: "Guess they'd better go to the Cash." We were a little scornful about the Cash, remembering the "balls." We were invited into a near-by branch office of the Bell Telephone Company to wait while our destinies were arranged. Seats were found in the dim candle lighted interior, we were given a drink of water all around, again little realizing the value of what we received, and were told thrilling stories of water twelve feet deep racing through the streets at twenty miles an hour, while hundreds of imprisoned people shivered and hungered.

After a long wait, we were bundled into a National Cash Register truck and were off into the darkness, challenged every half block by sentinels. We came to a street corner

camp fire, around which were grouped negro guardsmen, and stopped at a little white house on the opposite corner bearing a great Red Cross. As we climbed down, out rushed an irate individual with a lantern demanding whether we proposed to quarter ourselves there where there were already eighteen doctors and two nurses. He was considerably mollified when told that we proposed nothing, but were quite willing to sit around the camp fire until morning, or, that not being allowed, we would sit on the curb. He ordered us back into the truck and away we went into the darkness with our new acquaintance as guide. Soon the bright lights of the N. C. R. (the National Cash Register) streamed out most invitingly. We waited while our man with the lantern apparently sought orders. He returned with no shadow of explanation but with a note: "Red Cross nurses report for duty at seven A. M., M. Daly." Back we drove to the little white house opposite the camp fire and were told to dismount and wait on the sidewalk. Soon the eighteen doctors came tumbling out to take our places on the truck, and we were invited to take theirs in the house. We were assigned to two rooms, the floors of which were covered with mattresses and heaps of blankets just as the recent occupants had crept out of them.

The next morning, Sunday, at the N. C. R. we found Miss Mary B. Wilson of Cincinnati, in charge of fifty-eight nurses from that city. The N. C. R. was rapidly establishing relief stations, twenty-two in all, in churches, school houses, clubs and halls. First aid rooms were prepared in all these stations, with doctors and nurses on duty by day and by night. On the fifth floor of the office building, normally the teaching and living quarters of the agent's school of the "Cash," was a very good little hospital in two divisions, in charge of Miss Katherine Irwin and Miss Mary Brown, two Red Cross nurses of Dayton. The Red Cross nurses were also on duty in an emergency hospital at St. Michael's club, North Dayton; in a contagious disease hospital, established in a vacant house; an emergency hospital at St. Mary's Institute; and in the Miami Valley Hospital. The contagious

disease hospital not only depended upon candles for light but also had no heat, no water, and no sewage. The Miami Valley Hospital stands on the very edge of what had been the flooded district and was, naturally, a center of refuge and relief. All the relief stations and hospitals had crowds of refugees, most of them in pitiable condition from several days of hunger, thirst, and cold. We found M. Daly a very capable volunteer worker, a woman born to bring order out of chaos, and apparently with unlimited authority.

It was a Sunday never to be forgotten. Miss Crandall of Teachers' College, New York, whose home is in Dayton and who had been the much loved superintendent of Miami Valley Hospital for several years, was already on the ground. Never shall I forget my surprise when glancing up from my desk, I saw Miss Phelan of Chicago crossing the flood with a party of nurses. She was soon followed by Mrs. Ringland, also of Chicago, with another party; then by Miss McLaughlin of Detroit with twenty nurses from Detroit and Ann Arbor. Then, when the excitement was a little lessened and Miss Wilson and I were once more making paper plans, who should appear but Miss Delano herself with six nurses from Washington. There were eleven Dayton nurses at work and a few days later eleven more Chicago nurses came, in charge of Miss Kelley, five more Dayton nurses found their way out of wrecked homes to us, so that the Red Cross was responsible for the work of 162 nurses in the city of Dayton. Miss Wilson and her nurses, having started from Cincinnati in great haste, and having worked hard among all the difficulties incidental to the beginning of work amidst such terrible suffering, were relieved from duty Sunday night, March 30. It is difficult to single out any one person for praise, but Miss Wilson deserves special mention for her faithful and conscientious service.

What a busy office it was with the constant arrival and departure of nurses! Dr. Devine's headquarters had not yet been established so that all the hundreds of Red Cross inquiries came to us. Telegrams were as thick as leaves; they came for Miss Boardman, Mr. Bicknell, Mr. Edmonds,

everybody we had ever heard of in connection with the Red cross. We were apparently held responsible for the whereabouts of Secretary of War Garrison and Major General Leonard Wood. A question as to where we had secreted the President of the United States would not have surprised us in the least.

Major Rhoades, U. S. A., appointed Chief Sanitary Officer of Dayton, had asked Miss Wilson for a corps of visiting nurses for sanitary inspection, and on Monday morning eighteen nurses were assigned to him. The force began to grow before noon and continued until 64 visiting nurses were on the sanitary staff. Miss Crandall was placed in charge, with Mrs. Ringland as her assistant. That part of the city which had been flooded was divided into sixteen districts, each with a medical man in charge, and as many assistant physicians and nurses as seemed necessary. Streets, houses, cellars, out-houses were inspected and conditions reported daily. Sick people were found and sent to hospitals, advice on every subject in any way related to health and sanitation was sought and given. Many of the streets were well-nigh impassable. The horrible thick, slimy river mud had been as destructive as the water. The contents of houses and cellars were shovelled into the streets, leaving a narrow pathway in the middle of the street. Many houses were wholly or partially off their foundations. Yards were filled with all sorts of wreckage, remains of porches, sheds, other houses, furniture, and lumber. In one front yard among all sorts of things in which some home lover had taken pride were counted parts of six pianos. The Dayton Bicycle Club had carted away eleven dead horses, and every day the nurses reported the bodies of dogs, cats and chickens, which it was very essential should be removed without further delay.

Every night Miss Crandall held a conference for the nurses. To these conferences they looked forward eagerly, and every imaginable phase of the sanitary situation was discussed. The following questions are taken from Miss Crandall's report:

"Is there a city ordinance against burning excreta?

Is it true, as stated in the newspapers, that it is no longer necessary to boil the city water?

Are the people required to fill up old vaults and dig new ones?

How can the people's fears be allayed as to the danger of explosions when the gas is turned on?

Is it the duty of the owner or occupant to clean cellars and premises?

Is it lawful to appropriate stoves and other useful things from houses that are *apparently* abandoned?

Is it safe to use canned fruits and jellies that have been submerged?

What can we do to prevent the people from raking the dumps for discarded mattresses, pillows, and even food, such as hams?

Ought the debris and mud to be dumped into the river bed?"

In regard to the work, Major Rhoades wrote: "The nurses rendered a service which calls for the highest commendation and have given invaluable assistance to the District Sanitary officers." For the nurses themselves, the varied experience together with Miss Crandall's instruction must have had a value equal to a good post graduate course. When one is dealing with what concerns human lives and human suffering figures mean little; but it is interesting to know that eight thousand five hundred and forty-nine houses were inspected, some of them many times. About three thousand cases were treated in first aid rooms and emergency dispensaries. It is not possible to estimate the numbers of the hundreds to whom the nurses brought some sort of comfort or relief. The Red Cross relief agents honored the nurses' requisitions promptly so that oil stoves, mattresses, blankets, clothes and food were obtained as quickly as possible.

In a few days, as more of the down town streets became passable, the center of our activities changed and it became

apparent that we must live nearer to our work. A big house, 29 West First street, was rented and Miss Dorothy Patterson who owned the Y. W. C. A. building next door gave us the use of the second story of that building. Moving and setting up housekeeping were very simple proceedings. A big United States flag was raised to mark the new home, the N. C. R. loaned us china, silver, chairs, cots, pillows, blankets, gave us many boxes of food supplies and continued to act the part of a fairy godmother during our entire stay. Major Rhoades gave us flour, bacon, sugar, and helped us in every possible way. From a church across the street, painted boards and wooden horses were borrowed for tables. The Red Cross surgical and medical supplies moved with us, among them much patent medicine and a great deal of whiskey. Our feelings may be imagined when a few days later a sergeant appeared at our door with Major Rhoades' compliments, and looking out we beheld heaps of boxes of whiskey, brandy and wine consigned to our care. Like all other doors which had been through the flood, ours were so twisted and warped that they could not be tightly closed or locked.

The housekeeping was very crude, water not plentiful, there were no sheets or pillow cases, the cook's temper was uncertain; but the nurses proved very adaptable, unfailingly cheerful and agreeable. For the first few nights we suffered intensely from the cold, probably because the house was so damp. Miss McLaughlin of Detroit who had been appointed my assistant, worked untiringly to bring us some measure of comfort. On Sunday, April 27, the last of the out-of-town nurses started for her home, leaving faithful little Miss Lierman of Dayton with me for another week to close the house, settle all our various affairs, and give away our supplies, not forgetting the whiskey.

The Cincinnati Red Cross sent fifteen nurses to Hamilton, where the destruction and suffering were terrible. Miss Abbie Roberts, in charge of the party, began her work there on March 26. She established a relief station at the

Mosler Safe & Lock Works, and a little later at the Methodist Church, an emergency hospital, where the nurses cared for fifty-three bed patients. She established a first aid room, where fifty persons were treated daily, a medical dispensary, which daily cared for thirty more, and a kitchen which fed sixty to eighty people. It was the hardest sort of physical labor added to the mental strain of being in the midst of fearful suffering. The nurses worked almost continuously, lacking heat, water and proper sleeping quarters. They were relieved by Miss Julia Stimson and fifteen St. Louis nurses, who worked for fifteen days in Hamilton, having the satisfaction of seeing order and comfort come to many people as a result of their efforts.

In West Columbus, Miss Jennie Tuttle and fourteen nurses were at work the day after the flood. The Board of Health and the Citizens' Relief Committee gave Miss Tuttle authority to represent them and, as she was already working for the Red Cross, it gave her an opportunity to unite the efforts of several groups of workers.

On Tuesday, April 8, Miss Mary C. Wheeler of Chicago, with three Chicago nurses arrived in Portsmouth, O. They found a Portsmouth nurse, Miss Porter, who had cared for five meningitis cases without any relief since the previous Saturday. In addition to having no assistance, Miss Porter had practically no supplies. She was relieved by two Red Cross nurses. Three of the meningitis patients died, the other two improved rapidly, and on the following Saturday, Miss Porter again took up her work, the two Red Cross nurses leaving for Chicago. Miss Wheeler and one other nurse were on duty at the "Terminal Hospital," filled with refugees and measles cases. It was not until 7:30 P. M., April 10, that linen was obtainable and no water could be had until the next afternoon. The patients on the cots were wearing the clothes they had on when the flood overtook them. There was plenty of bread, canned food and canned soup. Twenty-four hours of rest, food, clean clothes and bathing worked such wonders that Miss Wheeler and

her companion were able to leave for Chicago Sunday afternoon, April 14.

Two of the Cleveland nurses, Miss Sitzenstock and Miss Wayne, went from Dayton to West Carrollton on the fifth of April, there doing, on a small scale, the sort of work they had been doing in Dayton. There were also three Cincinnati nurses on duty in Miamisburg.

And so after four years of constant effort, after much hard work and many discouragements, Miss Delano begins to see a great dream come true. The Red Cross Nursing Service has had its first real test, and has justified its existence.

The Relation of Directors and Nurses

MARY ALDIS,

President, Chicago Visiting Nurse Association.

One of the wise plans of the National Organization for Public Health Nursing is the effort to knit together lay and professional workers. Emphasis is thus given to the necessity of close understanding and mutual respect for the difficulties and problems to be met in administrative and in practical work.

Members of Boards of Directors are expected to attend the regular meetings of the organization and to prepare papers and addresses for the annual conferences.

There are two, or I might say three, tendencies in the methods of Boards of Directors; one to hand over all responsibility to the Superintendent; another to make all decisions, and the third, perhaps the most difficult, a vibration between these two courses.

In the middle of summer, when many Directors are out of town, the Superintendent may be obliged to make important decisions alone, perhaps with a quaking heart. There may be no officer, not even a second vice, at hand for her to consult. Then in the autumn the Board returns, rested and zealous for work, assumes control, and the Superintendent may see a cherished plan fail to pass the Board because of unfamiliarity with the steps leading up to it. I state extremes, but we all understand.

As a member of the Board of one of the oldest associations, I am asked to relate how we cope with this question.

In the first place, Board meetings are held every month throughout the year. For several summers it was found necessary to call special meetings during the summer months. Surrounding suburbs held enough Directors to give an excellent attendance; and such important matters came up for decision that the by-laws about meetings was

amended, and the words "except July, August and September," stricken out.

At each Board meeting the Superintendent is expected to give a full account of the work, which report, typewritten, is filed with the minutes. A memorandum of any points requiring action by the Board is given to the presiding officer.

Perhaps the most needed committee of the Board, except the Finance Committee, is the Nurses' Committee. This meets on a regular day, midway between Board meetings, also every month in the year. Sometimes Directors planning for an absence will prefer to arrange to omit a Directors' meeting rather than a Nurses' Committee meeting. Each of the five supervisors brings to this committee a written report of the general work in her department, and of the special work of every individual nurse under her supervision. Thus each nurse upon the staff, which numbers over seventy, is considered every month. These reports are not necessarily read by the Superintendent, who presents her own report to the Committee after those of the supervisors. Of course the old tried and true nurses have but a few words, "Miss C., excellent work, as always." The newer ones and doubtful ones are discussed more in detail, but the committee *knows* how each nurse is doing her work, and discusses points and asks questions and talks over different situations with the supervisors.

All recommendations for promotion and increase of salary, including the acceptance on the staff of probationers finishing their three months' trial, are brought first to this committee. The chairman of the committee then "recommends" action to the Board. Nurses are not promoted automatically by the calendar, but must be recommended to the Board for promotion by the Superintendent and the Nurses' Committee.

Commendatory letters and messages from grateful patients, as well as complaints, are reported, and at the close of the meeting a very good bird's eye view of the work all over the city has been given the committee,

There is an average attendance of five or six Directors at these committee meetings.

As the staff has grown larger the Directors felt it difficult to keep their old friendly relationship with the individual nurses, so the following plan was instituted.

Two nurses are assigned to each Director as "her" nurses, to whom she may show any courtesy or mark of interest which suggest themselves. On the other side, each nurse on the staff feels she can go to "my Director" with any plan or project, personal or professional, upon which she wants counsel or help, sure of a real friend. The assignments are changed each year, so that each group may enlarge acquaintanceships.

For years it has been the custom of the Association, and one in which the nurses give hearty co-operation, to keep back arbitrarily a certain small part of each monthly salary. This sum, between three and five dollars, according to the salary received, is deposited in the owner's name, in a savings account. It can be withdrawn only on leaving the staff, or if desired, before, with the approval of the "Savings Committee" of the Board. Wise, indeed, must the chairman of this committee be to decide on the justice of the plea of an applicant for her own money "to help my brother pay for his "house and lot," or some such altruistic, or perhaps only a foolish project. The idea as outlined may seem severe and "paternal," or I might say "maternal," but many a nurse has been thankful when need came that a nest egg was waiting for her.

Once a month, at 4 o'clock, there is held in the large room at the main office, an afternoon tea party, at which one of the Directors acts as hostess and "pours". Directors and nurses meet to talk and move about and chat with this one and that one, as is the custom at "teas" the world over. The small expense, about \$10.00, is borne by the Directors in turn. As there are thirty-two, the obligation is not onerous.

More than all these customs and observances is the

warm desire, which I think I may state with conviction exists on the part of both nurses and Directors in our Association, to understand and appreciate the different parts of the work.

The constant effort on the part of the Directors to secure the necessary monetary support from the public, and the grave obligation upon them to administer the organization so that every penny shall bring its full value to the sick and unfortunate for whom the money is given; and the hard daily struggle of the nurses in the districts with disease and poverty and ignorance, are subjects which can only be comprehended through deep sympathy and zealous devotion to the work itself.

These are a few of the methods by which one Association has sought to bring its Directors and nurses in a close working harmony.

They are stated with hesitancy, with the feeling that possibly ere they are printed changes and improvements may be found necessary.

It is hoped other Directors will relate through these columns their methods and experiences.

News Notes

The Nurses' Loan Fund. In November, 1910, the Department of Nursing and Health, Teachers' College, called a mass meeting to consider the advisability of forming a club. The suggestion met with the unanimous approval of those present, a club was organized and called "The Isabel Hampton Robb Club" in recognition of Mrs. Robb's efforts to establish the Nursing Department in the college.

In 1912 it was thought best to change the name to the "Nurses Club" and since that time has been so called. The object of the club was the promotion of professional and literary interests, and during the years 1910, 1911 and 1912 it continued along these lines. In 1913 the desire to accomplish some definite piece of work became evident. A special meeting was called to bring this fact to the attention of all the members, to arouse interest and spontaneous discussion that would result in something the club as a whole would wish to undertake. A committee was appointed to consider the "raising of funds," and on May 6, 1913, made the following report:

"Resolved, That the Nurses' Club of Teachers' College of the academic year 1912-13 raise a sum of money by voluntary contribution on the part of the members: same fund to be available as a 'Loan Fund' for the use of senior students in the Department of Nursing and Health; fund to be given out every two years and returned to the Scholarship Committee of Teachers' College within twelve months, plus interest at the rate of 2%; use of fund may be retained by student for a period of two years, providing student presents reasons of sufficient weight to warrant recommendation for such an extension of time by the Dean of Teachers' College and the head of the Department of Nursing and Health."

The following recommendations were also made:

"1. Fund to be awarded this year by a committee of three members of the club appointed by the president. Miss Nutting to be asked to act as advisory member of the committee.

"2. That a treasurer be appointed by the president from the students returning for the academic year 1913-14.

"3. That application for the use of the fund be made this year to the chairman of the committee.

"4. That provisions be made, if necessary, for the use of the fund by a student in another department."

These resolutions and recommendations were unanimously accepted. The Dean has said the amount raised by the club will be duplicated by the college and it is expected that three hundred dollars will be available for use by October of this year.

From the wording of these resolutions the spirit of the Nurses' Club is evident. It shows a desire to serve a sister nurse if possible, and if not, a student in another department; a willingness that the fund be used for such purpose as the student deems best; a faith that the fund will grow as the amount is not limited; and a belief that, eventually, several students may be helped as a student need not borrow the whole amount. While the club does not recommend that future members continue this particular piece of work, yet it is sincerely hoped they will feel the necessity of assisting in some way the development of the department.

The Isabel Hampton Robb Memorial Scholarship Fund offers annually a number of scholarships to graduate nurses of approved qualifications who desire to prepare themselves for further service in some branch of nursing or health work, or who seek opportunities for study and investigation of some special problem in nursing.

For the year 1913-14 three scholarships of the value of \$200 each are available for work which may, if satis-

factory candidates present themselves, be carried on in the following places:

- (a) Teachers' College, Columbia University, N. Y.
- (b) School for Social Workers, Boston, Mass.
- (c) School of Civics, Chicago, Ill.

In Teachers' College the candidate may enter either the division preparing for training school work or that leading to public health nursing, and in the latter she may pursue the special study of some branch such as School Nursing, Infant Welfare Work or Sanitary Inspection, or others to be selected.

In the School for Social Workers, Boston, Mass., affiliated with Simmons College, the candidate may enter for the one-year course arranged for those desiring to prepare for Visiting or Public Health Nursing.

In the School of Civics, Chicago, Ill., the candidate may enter as a special student selecting such courses as will be likely to prove most valuable for visiting or public school nurses, who have both social as well as purely nursing matters to deal with. In all instances candidates will be expected to meet the educational requirements of the schools or colleges mentioned, as well as the requirements of this committee for satisfactory records of work in an approved training school for nurses. Those to whom scholarships may be awarded for work either in Chicago or Boston will be under the general advice of the superintendents of the Visiting Nurses' Association in the respective cities, who is in each instance familiar with the work of the schools mentioned.

In applying, candidates are asked to give a full account of their general education, and of their professional training, and also of any subsequent occupation and experience.

In awarding, the committee considers past achievements, reports of teachers and other responsible persons under whom candidates have worked. Such reports

should deal with character and personal qualifications as well as scholastic and technical attainments.

Applications for this year may be made up to August 1st and forms may be secured from the chairman of the Scholarship Committee. Awards are made as soon as possible after the last date set for receiving applications — a statement being sent to each applicant.

Payments to scholars are made in two equal semi-annual installments, on October 1st and on April 1st.

For further information and for forms of application please refer to the chairman of the Committee on Scholarships: Miss M. A. Nutting, Teachers' College, Columbia University, New York City.

The Course in Public Health Nursing offered by the Visiting Nurse Association of Cleveland, in co-operation with the Western Reserve University, to fit graduate nurses for social work, will begin its third year in September, 1913. It includes lectures by professors of the university, and medical specialists; prescribed reading; class discussions; case-work conferences; field work under the direction successively of experts in the Visiting Nurse Association, the Associated Charities, the Babies' Dispensary and the Tuberculosis Dispensary. The Director of the Course conducts visits of observation to Cleveland institutions, public and private, including all the social and medical work of the city. The course lays emphasis upon the promotion of the health of the family and community in addition to the care of the patient; upon the art and purpose of investigation; upon technique in family rehabilitation; and upon standards of living and the food and nutrition of families, sick and well.

The course extends from September, 1913 to June, 1914. A certificate is given at the end of the course. Tuition, \$75. A few scholarships are available. For further information address: The Visiting Nurse Association, 612 St. Clair Ave., Cleveland, O.

The Babies' Dispensary and Hospital of Cleveland offers a post-graduate course of three months in Infant Welfare Work, to graduates of recognized Training Schools for Nurses. The course will consider the medical, nursing and sociological aspects of Infant Welfare Work and will include lectures, conferences and field work. The fee will be \$25.00, to be paid at the beginning of the course. The Nurses' Club House is within walking distance of the Central Dispensary and room and board can be obtained at reasonable prices. For detailed information, address the Superintendent of The Babies' Dispensary and Hospital, 2500 East 35th street, Cleveland, O.

The School for Social Workers, with the Instructive District Nursing Association of Boston, offers the following course for graduate nurses wishing to prepare for any form of Public Health Nursing. The course begins September 23, 1913, and ends June 5, 1914, with holidays at Christmas and in the spring. The aim of this course is to give the knowledge needed for any form of social service, with an insight into the special social and industrial problems upon which public health is dependent. It considers the principles and methods of relief giving and of the existing agencies for this purpose, as well as agencies dealing with other aid, such as municipal sanitation and organized health agencies. Two-thirds of the students' time is given to work in the School for Social Workers and one-third to practical nursing work with the Instructive District Nursing Association. The fee for this course is \$80. For a limited number of nurses financial assistance in the nature of scholarships may be arranged by the Nursing Association. Certificates are given to those who complete this special course satisfactorily. Applications for admission should be made to Miss Mary Beard, Instructive District Nursing Association, 561 Massachusetts avenue, Boston, Mass.

The District Nurses in Boston meet for an hour's conference and discussion every Tuesday morning at 8:30. This makes a group of about seventy-five, for everyone is included—staff nurses, supervisors and instructors and the student nurses who are taking a course in public health nursing with us. The president of our Association nearly always comes to these meetings, and the supervisor of the Milk and Baby Hygiene Association comes frequently also. Within the last few months we have adopted a plan that is interesting us all very much. A committee on immigration has been formed. The chairman arranges for each Tuesday meeting a program which lasts about twenty minutes—the last twenty minutes of our hour. All of us collect articles on immigration which appear in newspapers and magazines. These we send to the committee. They are mounted on folders of cardboard of a uniform size, labeled and in the end are filed and will be catalogued for reference. A certain few are selected for discussion. Some one is chosen to give a resume and then the discussion is open. Of course there are mornings when so many other matters must come before us that the "Immigration Committee" has no time allowed for it, but it has proved very interesting and pleasant to have one subject before us in this way.

District Nursing in Jerusalem seems at once to bring the old Biblical city into very close touch with the most modern charities of today. For a moment it almost seems as incongenous as electric cars in Bethlehem—but when we think of the great poverty and dirt and suffering in the ancient city of the Jews, not only in Biblical days but even more so in the present, we realize what a splendid thing it is that a Jewish Society of New York City, "The American Daughters of Zion" should have awakened to the need and have sent two trained visiting nurses from this country to work among the poor and sick Jews in Jerusalem. Miss Rose Kaplan, a Mt. Sinai Hospital nurse, is in charge, and Miss Rae

Landy, of Lakeside, is assistant. The following extracts from a letter recently received from Miss Landy will be of interest to our readers:

"Miss Kaplan and I are doing district nursing in Jerusalem. It is a very new thing in Jerusalem and we are having some difficulty in becoming established, but I am sure things will adjust themselves in the end. We rented part of a house, and not being able to get ready made furniture we are having everything made. I am sure the work is going to be very interesting; there is a great field here and plenty to do. The conditions are perfectly distressing. I never imagined people could be so poor and miserable."

A letter just received in the Department of Nursing and Health from Edgar C. Kemp, Secretary of the Hospital Almoners' Council, London, states that there are about fifteen hospitals in London which now employ almoners, and about six in the provinces. The Council's aim is to impress upon hospitals the necessity for providing only trained and qualified women for such posts, and it undertakes to train them. The function of the almoner in England is somewhat similar to that of the Social Service worker in this country, and the actual title used in that country is not entirely descriptive of the work performed.

A Child Welfare Association has been established in New Orleans within the last few weeks, largely owing to the initiative and energy of Miss Ethel Holmes, a graduate several years ago of the Johns Hopkins Hospital Training School for Nurses. Miss Holmes is about to render further aid to the work by giving volunteer services during the entire summer.

The graduating exercises of the second class in training nurses for social work of the Cleveland Visiting Nurse Association was held in the rooms of the Association on Thursday afternoon, June 19, at three o'clock.

Dr. Charles F. Thwing, president of the Western Reserve University, presented the diplomas.

The class in training nurses for social work is related to the university through the university's Department of Sociology so that it was very gratifying to hear the words of commendation and encouragement addressed to the nurses by Prof. J. E. Cutler, head of that department. Preceding the presentation of diplomas Miss Mary Gladwin gave a most interesting and earnest address on the "Value of Expert Nursing Service."

This second graduation of a class, whose thoroughness of instruction and earnestness of purpose have from the first been the object of painstaking and thorough work on the part of their instructor, Miss Hanna Buchanan, made all those present realize once again how much she had given of herself to the undertaking since its beginning. The following are the names of those who received diplomas for this post-graduate work: Miss Alice C. Bagley, Miss Margaret Tupper, Miss Ethel Hanson, and Miss Amy Mercer.

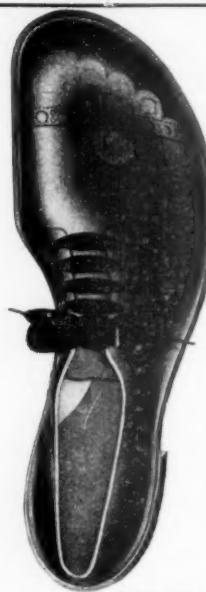
Miss Cecilia Evans, R. N., who graduated this year from the Department of Nursing and Health of Teachers' College, Columbia University, New York, has accepted the position of instructor of the class in training of the Cleveland Visiting Nurse Association made vacant by the resignation of Miss Hanna Buchanan, who is taking a much needed rest.

The medal of the National Organization for Public Health Nursing, which is a very exquisite reproduction in miniature of the national seal, is now ready for sale. The price of the pin is \$5.50 for pure gold, \$2.50 for rolled gold. About fifty orders have been received, but it is necessary to have one hundred before the first allotment can be secured. All active members of the organization have the privilege of wearing the pin.

A very beautiful plaster plaque, fifteen inches in diameter, has also been made of the seal, and can be furnished to any active corporate member at a reasonable price. It is to be hoped that all our corporate members will wish to have this visible sign of their membership in the national organization to hang in their offices or committee rooms.

All those who have been interested in establishing unity in visiting nurse work will be gratified to learn that the Metropolitan Life Insurance Company has abandoned the idea of establishing a separate visiting nurse service, and that they have also decided to employ only graduate nurses.

Cleveland. The Tuberculosis Department and Child Hygiene Department of the Board of Health, the Visiting Nurse Association and the Babies' Dispensary and Hospital are in need of nurses to fill new places. As these departments together with several others are related to each other by a Central Committee on Public Health Nursing made up of representatives from the several bodies, application for a position on this Public Health Nursing Staff should be made to the Secretary of the Central Committee on Public Health Nursing in Cleveland, care of The Visiting Nurse Association, 612 St. Clair avenue, Cleveland, O.



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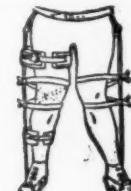
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